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| PATIENT PROGRESS NOTESIntimate Image Fax #: 818-876-7334 (Woodland Hills) 310-582-1972 (Santa Monica) |
| Patient:  | Phone:  | DOB:  |
| Address:  | City:  | State:  | Zip Code:  |
| **Patient Requires:** |
| □ | Breast Prosthesis, Silicone – 1 per side every 2 years |
| □ | Mastectomy Bras – 3 every 4 months |
| □ | Breast Prosthesis; Leisure (Non-weighted) Form – 1 per side every 6 mths |
| □ | Post-Op Camisole – Post-Op misc.- 2qt |
| □ | Lymphedema Garments- | Sleeve  | Glove  | Knee  | Thigh  | Panty Hose  |
|  | Compression Level: | 15-20  | 20-30  | 30-40  |
| **Frequency of Use:** |
| □ Daily:  | □ Weekly:  | □ Monthly:  | □ Lifetime:  |
| **Diagnosis:** |
| Cancer | Lymphadema | Diagnosis Code: |
| Rt Breast  | Lt Breast  | S/P Mastectomy  | RT LT  |   |
| Date Of Surgery  |
| **Clinical Status:** |
| No Change  | Improving  | Declining  |
| Any Further Breast Surgery Type: Date: Prognosis:  |
| Date of Last Breast Exam:  |
| Limitations:  |
| EXPLANATION/CLARIFICATION-Necessity of Above-Mentioned Item: \* *Also any other notes pertaining to this condition.* |
| **PHYSICIAN’S SIGNATURE**\*required every 12 months | **PRINTED NAME** | **DATE** |
| Intimate Image 22941 Ventura Boulevard | Woodland Hills | CA 91364 | Phone: 818-876-7333 | Fax: 818-876-73342907 1/2 Santa Monica Boulevard | Santa Monica | CA 90404 | Phone: 310-582-1960 | Fax: 310-582-1972 |