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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PATIENT PROGRESS NOTES  Intimate 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: 818-876-7334  2907 1/2 Santa Monica Boulevard | Santa Monica | CA 90404 | Phone: 310-582-1960 | Fax: 310-582-1972 | | | | | | | | | | | | |