

CONSULTATION FORM

Custom Breast Adornment or

3D Areola Renewal

Unilateral or

Bilateral

Name: _____

Contact Info: _____

(phone # & Email)

Today's Date: _____

Doctor: _____ Office: _____

Date of Last Surgery: _____

Date of Last Follow Up: _____

Mastectomy: LEFT RIGHT

Lumpectomy or Other: LEFT RIGHT

Chemo? YES NO

Radiation? YES NO

If so: Left or Right or Both

of Lymph Nodes Removed? Left: _____ Right: _____ None

Any Complications?

Currently are there any other health concerns we should be aware of? I.E. Diabetes, taking Blood Thinners etc.,

NO YES: _____

