**Pre-Operative Diagnosis: **

**Date of Procedure: **

**Nature of Specimen, History and Operative Findings**

**Post Operative Diagnosis:**

**Nature of Specimen, History and Operative Findings**

**Post Operative Diagnosis:**

**Nature of Specimen, History and Operative Findings**

<table>
<thead>
<tr>
<th>REASON FOR PROCEDURE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCIFICATIONS:</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>RADIOGRAPHIC DENSITY:</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>MAMMO LOC</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>SONO LOC</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>MASS:</td>
<td>□ ONE □ TWO □ MULTIPLE</td>
</tr>
<tr>
<td>SIZE(S):</td>
<td></td>
</tr>
<tr>
<td>CLINICAL STAGE:</td>
<td>T N M</td>
</tr>
</tbody>
</table>

**LOCATION:**

- SITE:
  - □ LEFT
  - □ CENTRAL
  - □ UPPER OUTER
  - □ UPPER INNER
  - □ LOWER OUTER
  - □ LOWER INNER

**PROCEDURE:**

- □ SEGMENTAL EXCISION
- □ WIRE LOCALIZATION
- □ MASTECTOMY
- □ NEW MARGIN
- □ STITCH MARKS TRUE MARGIN

**ORIENTATION**

- □ LONG -
- □ SHORT -
- □ LOOP -

**LYMPH NODES:**

- □ SENTINEL LYMPH NODE(S)
- □ AXILLARY DISSECTION (LEVEL ________________ )

**RADIOLOGY:**

- □ SPECIMEN RADIOGRAPH □ YES □ NO