

MSJ MULTIDISCIPLINARY BREAST ROUNDS CASE

SUBMITTED BY: _____

DATE OF SUBMISSION: _____

PATIENT NAME and DOB: _____

PHC MRN and PHN: _____

REFERRING DOCTOR: _____

REQUESTED REVIEW DATE: ASAP (active case, pending management)
 Routine (follow-up, for interest, etc.)
 Specific date: _____

HISTORY:

QUESTION TO BE ADDRESSED AT ROUNDS:

CANCER CASE?

CONCORDANCE – SPECIFY LESION:

RECURRENCE

POSITIVE NODES

YOUNG PATIENT

OTHER:

RECONSTRUCTION

OTHER QUESTION:

IMAGING REVIEW REQUIRED? NO YES (DETAIL BELOW)

RELEVANT MSJ IMAGING DATING BACK TO: _____

OTHER (List specific studies with date and location or attach reports)

PATHOLOGY REVIEW REQUIRED? NO YES (DETAIL BELOW)

PHC SPECIMEN NUMBERS (or attach reports): _____

OTHER (List specific specimens with date and location or attach reports)

ROUNDS RECOMMENDATION:

MANAGEMENT CHANGED BY REVIEW? NO YES