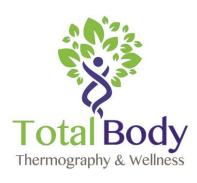
Annual Report



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Report ID_		

Are there any changes since the last visit? Be very specific about breast health.

Name	D.O. B			
Address				
	St			
	E-mail			
Previous Surgeries				
	Any breast changes or updates?			
Other Treatments				
Thermographer Name				

All Clinical Thermographers are trained and certified by the ACCT