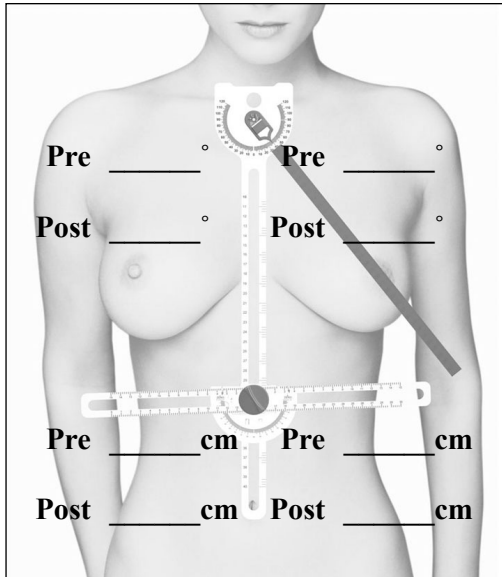


Last Name: _____ First Name: _____ Patient ID: _____

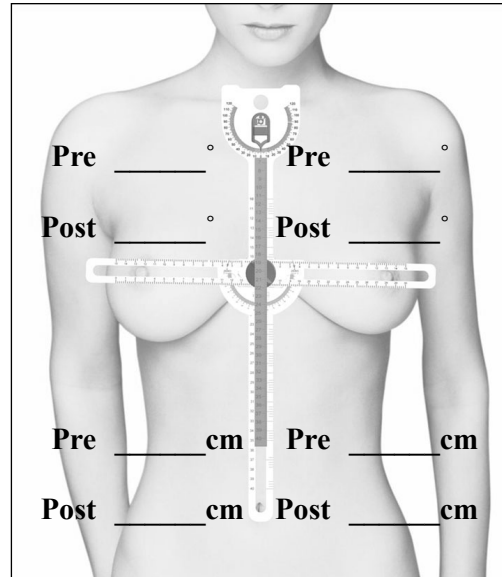
Procedure: Breast Augmentation Breast Reduction Breast Reconstruction Other _____

Pre Operative Measuring Date _____ Post Operative Measuring Date _____

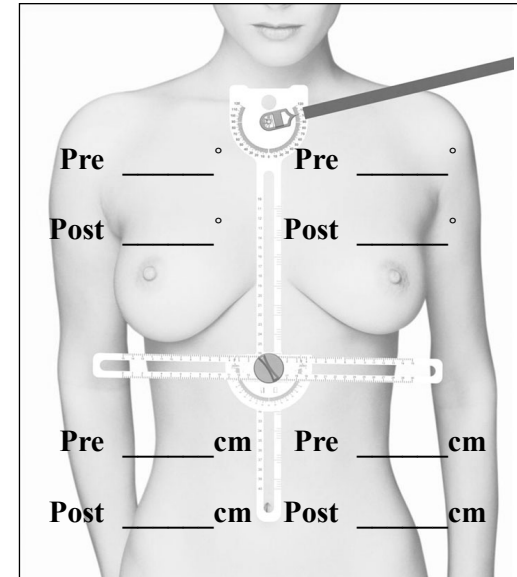
Notch to Nipple



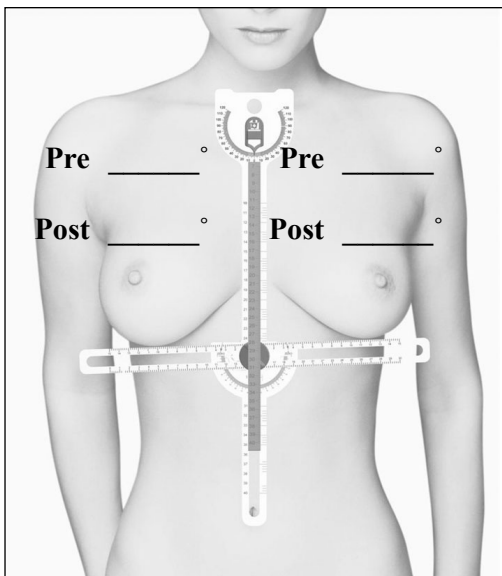
Nipple to Nipple



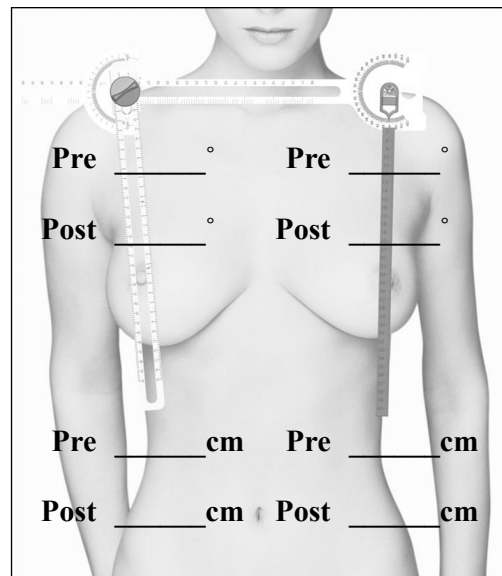
Notch to Clavicle



Inframammary Crease Angle



Clavicle to Nipple



Patient Data Sheet

Notes:
