

Mastectomy Post-Operative Follow-Up Record

Patient Information

Patient Name _____

Age _____

MRN _____

Date of Surgery _____

Date of Visit _____

Current Condition

General Status _____

Vital Signs _____

Complaints/Symptoms _____

Wound Assessment

Wound Condition _____

Drainage _____

Signs of Infection _____

Other Findings _____

Drain Status

Type of Drain _____

Amount (ml) _____

Removed On _____

Treatment/Interventions

Medications _____

Wound Care _____

Other Interventions _____

Next Step/Plan

Follow-Up Date _____

Instructions/Remarks _____

Evaluator's Details

Name _____

Designation _____

Signature _____