SKIN CANCER SCREENING

EXAM RESULTS

To be completed by physician:

Results:  □ No suspicious lesion(s)  □ Suspicious lesion(s)

Comments: ____________________________________________

Recommendations:

□ See your personal physician or dermatologist for further evaluation and treatment

□ Use sunscreen with minimum SPF of 30 for sun damage protection.
   Avoid excessive sun exposure

□ Perform monthly skin self-examination

□ Other: ______________________________________________

Please indicate location of lesion and preliminary diagnosis

Code
S............ squamous cell
B............basal cell
M............melanoma
AK............actinic keratosis
DN............dysplastic nevi
SK............seborrheic keratosis
O.................other

Examining Physician’s Signature

Date

05-01