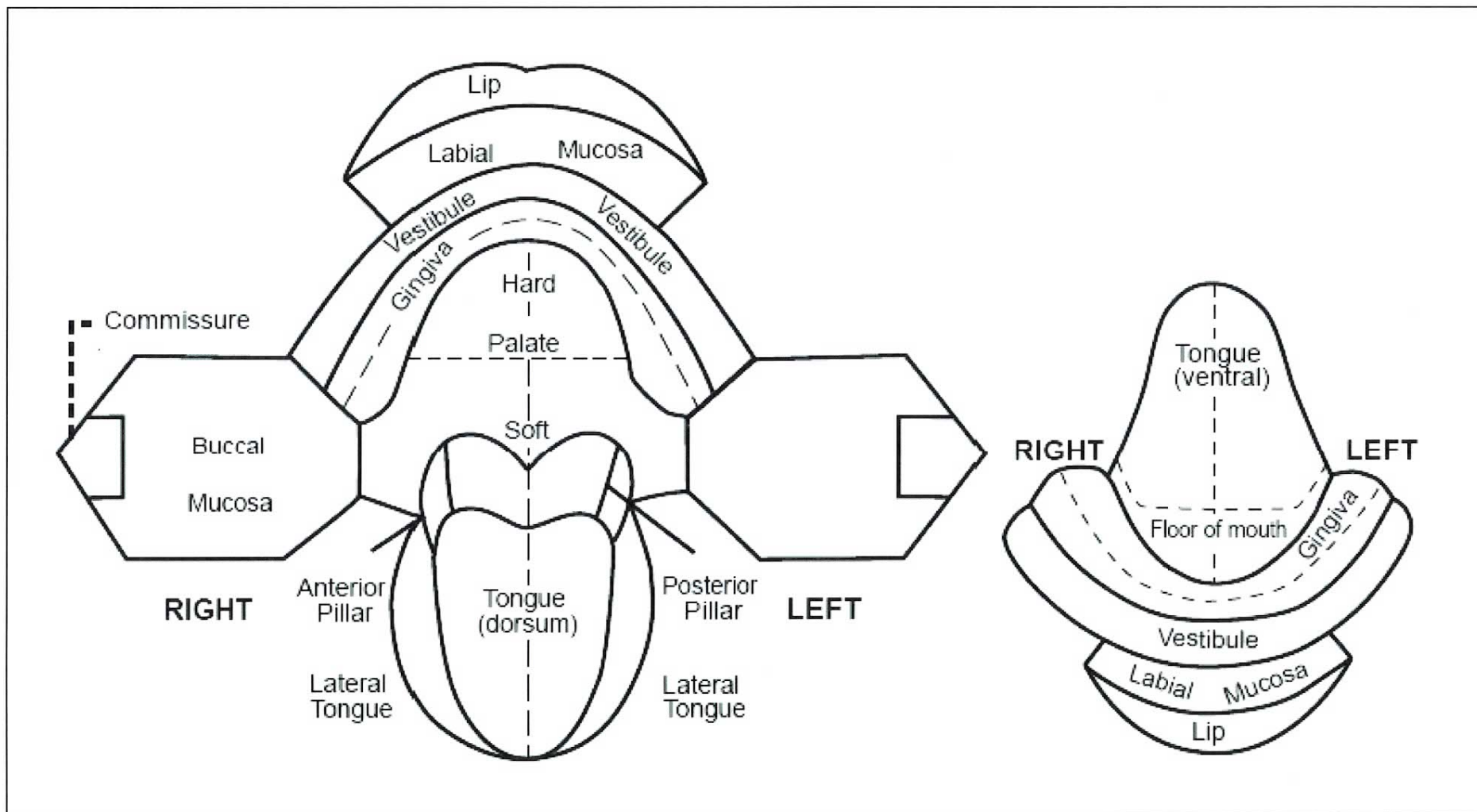


Lesion Tracking Sheet

Patient Name: _____
 Date: _____
 Comment: _____
 Signature: _____



BC Cancer Agency

CARE & RESEARCH

An agency of the Provincial Health Services Authority



ITS V1 20090100