

# My Contacts

Surgeon: \_\_\_\_\_ Office Number: \_\_\_\_\_

Urgent Contact Number (given by your surgeon): \_\_\_\_\_

Nurse/Cancer Patient Navigator: \_\_\_\_\_

Office Number: \_\_\_\_\_

Pre-Admission Clinic Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_

## Type of Surgery:

- Breast Conserving Surgery
- Mastectomy
- Mastectomy with Immediate Reconstruction
- Axillary Lymph Node Dissection
- Sentinel Lymph Node Biopsy

Date of Surgery: \_\_\_\_\_

\_\_\_\_\_

## Admission Time:

- On the day before your surgery, call: \_\_\_\_\_ to find out when to be at the hospital. If your surgery is on a Monday or the Tuesday of a long weekend, please call on the Friday before.
- Someone from the hospital will call you.

## Other Possible Procedures:

- Sentinel Node Mapping Injection Date: \_\_\_\_\_
- Wire/Seed Localization Date: \_\_\_\_\_

## Type of Drain:

- Jackson-Pratt
- Blake
- Person Picking Me Up: \_\_\_\_\_ Phone: \_\_\_\_\_
- Date of Follow-up Appointment: \_\_\_\_\_
- Referrals: \_\_\_\_\_