American College of Mohs Surgery

Case Log **Physician Name: _____**

											For Training Program/FIT Use	
	Case Number	**Date**	**Diagnosis/ Histology**	**Primary/ Recurrent (P/R)**	**Location**	**Pre-Op Size**	**Post-Op Size**	**# of Stages**	**Type of Repair**	**Complex Case (Y/N)**	**Supervising Faculty**	**Fellow Role Primary/Assisting (P/A)**
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