

SISRB Case Log

Physician Name: _____

	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)	For Training Program/FIT Use	
											Supervising Faculty Name	Fellow Role Primary/ Assisting (PIA)
*	190	5/3/03	BCC	P	R medial cheek	.9x.9	1.3cm	1	Intermediate	N	Dr. Smith	A
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

* Example. Please note that "Complex Case" is defined on page 2 of the Policies, Procedures and Guidelines of the SISRB Fellowship Training Programs.