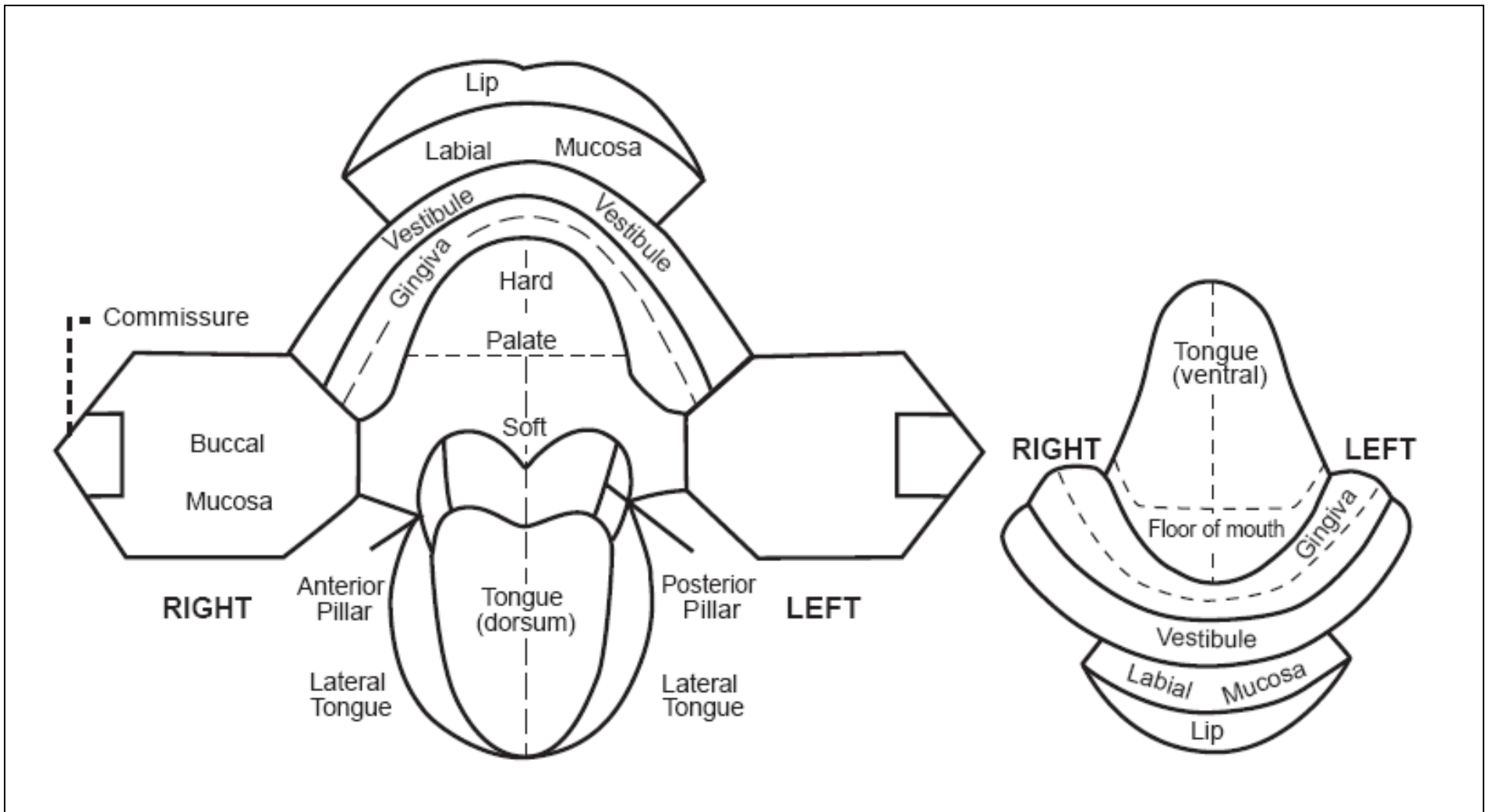


Lesion Tracking Sheet

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



BC Cancer Agency

CARE & RESEARCH

An agency of the Provincial Health Services Authority



LTS V1 20080109