



# ATLANTA ASSOCIATION FOR DERMATOLOGY AND DERMATOLOGIC SURGERY

## TRI-ANNUAL MEETING PATIENT PROTOCOL FORM

Please type or print neatly or use headings as format for own form

DATE OF ACTIVITY \_\_\_\_\_

Physician Presenting \_\_\_\_\_

Email Address \_\_\_\_\_

Office Phone \_\_\_\_\_

**CASE DESCRIPTION** \_\_\_\_\_ Patient's Initials \_\_\_\_\_

Has pathology been requested?  NO or  YES, if so:

Lab: \_\_\_\_\_

Date requested: \_\_\_\_\_

Lab #: \_\_\_\_\_

Noteworthy Features \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Objective (physical findings, laboratory, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Histopathology (omit diagnosis, but give skin biopsy accession number and description of pathological findings) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Presentation (treatment, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References (format of Journal article Bibliography) - Please use name of Journal with volume and pages, not title of article.

\_\_\_\_\_

\_\_\_\_\_

Diagnosis (will be on a separate page) - \_\_\_\_\_

2015  
EXECUTIVE COMMITTEE

**PRESIDENT**

PETRA MILDE, MD

**SECRETARY**

KEVIN BERMAN, MD

**TREASURER**

NARAYAN NAIK, MD

6134 POPLAR BLUFF CIRCLE

SUITE 101

NORCROSS, GEORGIA 30092

T (770) 613-0932

F (305) 422-3327