

Company Name

Name: Fname Lname
Chart #: /SharedID
DOB: /DOB
Age: /Age
Date: /Today
Referring Physician: /RP

BCG

PROGRESS NOTE: BCG# _____ weekly monthly given under sterile conditions

Patient tolerated procedure well

Impressions: Hx B.T.

Plan: Return to office _____ weekly/ month for BCG# _____

FULL CONSULT REPORT TO FOLLOW: YES / NO

SENT COPY TO PCP: YES / NO