Breast Self-Examination Record



| | | Left Breast | Right Breast | | |
|-----------------|----------------------|-------------|-----------------|----------------------|-------|
| Date of Exam | Problem / Concern | Notes | Date of Exam | Problem / Concern | Notes |
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| If you notice any of the following conditions during your self-examination, note the details for discussion with your doctor: | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|
| Lump(s) | Dimpling | | | |
| Redness | Tenderness | | | |
| Nipple discharge | Puckering | | | |

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