Mole Map

Name		Date	

First Examination Date:

Front   Back

Right   Left   Right
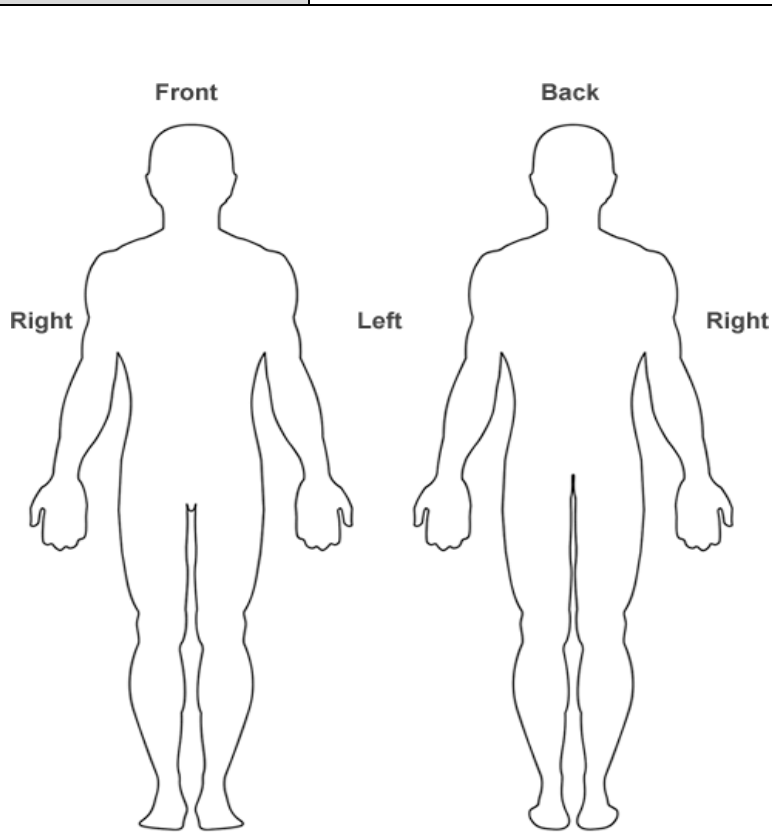
Marks and Moles

#	Location	Size, Color, Shape
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Scheduled Checks

Date Checked	Moles Changed	Changed Mole Nos.	New Mole	Location	Size, Color, Shape