

Unique ID: 072/01/17

Date: 31/1/17

ORCHID BREAST HEALTH CENTRE, PRASHANTI CANCER CARE MISSION, PUNE

BREAST CANCER CLINIC

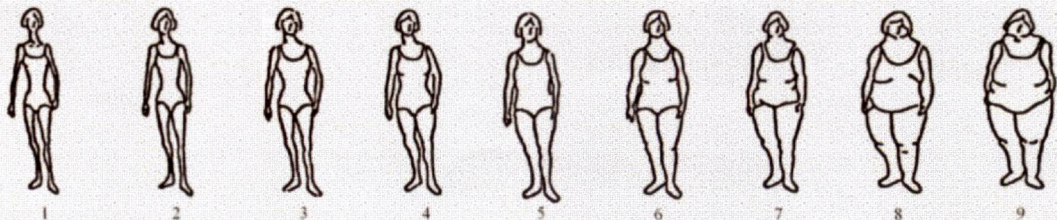
Ca (X) buccal Mucosa

A. Contact and General Information (Please fill in capitals only):

1. Full Name: Sanjay C. Pherwani Age: 48 yrs
First Middle Last
2. Permanent address: H3601 Belvedere Aurdh Pune-7
- City: Pune State: MH Pin Code: 411007
3. Mailing address: S.a.a.
- City: State: Pin Code:
4. Local address: S.a.a.
- City: State: Pin Code:
5. Phone: Mobile (self) 9823192011 Landline:
- Alternate number:
6. Email ID: spherwani@gmail.com
7. Nationality: ☒ Indian ☐ Others
8. Date of birth: 08/10/1968
DD MM YYYY
9. Gender: ☐ Female ☒ Male
10. Aadhar number:
11. Place of birth: Ind.
12. Religion: ☒ Hindu ☐ Christian ☐ Muslim ☐ Others
13. Referred by: Dr. Mahesh Kulharni.
14. Referred to/for: FNAC / lymph node.

B. Height and Weight Information:

15. Height: 181 cms 16. Weight: 137 kgs 17. BMI:
18. Which diagram best describes your body size at the following ages:



	1	2	3	4	5	6	7	8	9
Age 5									
Age 10									
Age 20									
Age 30									
Age 40									
Current									