



RFA - Postoperative Data Collection Sheet

Lesion postoperative Findings

Please fax to (216) 445-7653

First Name

Last Name

MI

Date of RFA - Surgery

Month

Day

Year

Please enter CT measurements in centimeter with one decimal digit

if you treated more than 10 lesions, use a second sheet

Lesion	CT size x	CT size y	seems ablated by size and appearance
1	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
2	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
3	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
4	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
5	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
6	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
7	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
8	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
9	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No
10	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No