

Your Breast Reconstruction Journey

Tissue Expander Surgery

Date:

Location:

Mentor® Left Tissue Expander Serial Number

Mentor® Right Tissue Expander Serial Number

Post Operative Plastic Surgeon Visits

Date:

Date:

Expander Fill Volume:

Expander Fill Volume:

Physician instruction:

Physician instruction:

Questions for your physician:

Questions for your physician:

Date:

Date:

Expander Fill Volume:

Expander Fill Volume:

Physician instruction:

Physician instruction:

Questions for your physician:

Questions for your physician:

Post Operative Breast Oncologist Surgeon Visit

Date:

Physician instruction:

Questions for your physician:

Breast Implant Surgery

Date:

Location:

Mentor® Left Breast Implant Serial Number

Mentor® Right Breast Implant Serial Number

Your Breast Reconstruction Journey

Post Operative Plastic Surgeon Visit

Date: _____

Physician instruction: _____

Questions for your physician: _____

Notes: _____

Post Operative Breast Oncologist Surgeon Visit

Date: _____

Physician instruction: _____

Questions for your physician: _____

Notes: _____

Your MENTOR® Breast Implants are guaranteed for your lifetime. All recipients of MENTOR® Breast Implants are automatically enrolled in the MENTOR® Promise™ Protection Plan.

My Breast Implant Warranty Information _____
