BREAST AND CERVICAL CANCER SCREENING PROGRAM
COLPOSCOPY ACTIVITY LOG

DATE OF ENTRY (M/D/Y)	PATIENT'S NAME (LAST/FIRST/MI)	DATE OF BIRTH (M/D/Y)	DATE OF PAP (M/D/Y)	PAP RESULTS (BETHESDA)	DATE OF COLPOSCOPY (M/D/Y)	BIOPSY (Y OR N)	RESULTS	F/U RECOMMENDED					DATE F/U DONE (M/D/Y)	RECEIVED RETURNED DATE (M/D/Y)	BCCSP F/U RECEIPT SENT (M/D/Y)	IF CANCER DATE TX INITIATED	COMMENTS
								Cyro	Laser	Leep	Cons	Other					