

C) REASON FOR PRIOR RADIOTHERAPY

Malignant disease (please specify)

Benign Disease (please specify)

Type of irradiation (if known)

Electrons

Cobalt

Neutrons

Radiation dose

Size of irradiation field (if known)

Fractionation (if known)

D) Case reported by :

(please give your address incl. telephone number, fax, or e-mail):

.....

.....

.....

.....

.....

.....

Please send form to:
 Peter Hohenberger, MD, PhD
 Division of Surgery and Surgical Oncology, Robert-Rössle Hospital and Tumor Institute
 Charité, Humboldt University, D-13125 Berlin, Germany
 tel.: +49-30-9417-1406, fax.:+49-30-9417-1439, e-mail: hohenberger@rrk-berlin.de