



## Breast Imaging Center

**Laura Amodei, MD**

277 Peninsula Farm Road, Suite A  
Arnold, Maryland 21012

p: (410) 544-3331 f: (410) 544-3329

www.bay-radiology.com

### Request for Breast Imaging

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Referring Clinician: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### ☐ Screening Mammogram

With breast ultrasound if clinically indicated

#### ☐ Diagnostic Evaluation (Consultation and Breast Imaging Services)

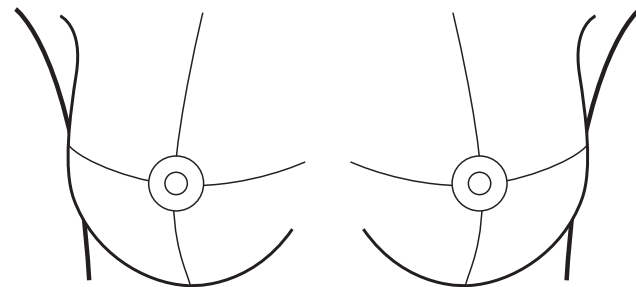
May include mammography, ultrasound, cyst aspiration, fine needle aspiration, or percutaneous core biopsy (stereotactic, tomographically-guided, or ultrasound-guided)

#### Information for Diagnostic Imaging (required)

- ☐ Palable Mass
- ☐ Nipple Discharge
- ☐ Axillary Mass
- ☐ Inflammation
- ☐ Focal Pain (non-cyclic)
- ☐ Implants
- ☐ History of Breast Cancer
- ☐ Abnormal Prior Imaging Study
- ☐ Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Mark areas of concern on diagram, including size.



**RIGHT**

**LEFT**

Lesion size: \_\_\_\_\_ cm.

Distance from nipple: \_\_\_\_\_ cm.

Referring Clinician Signature

Date

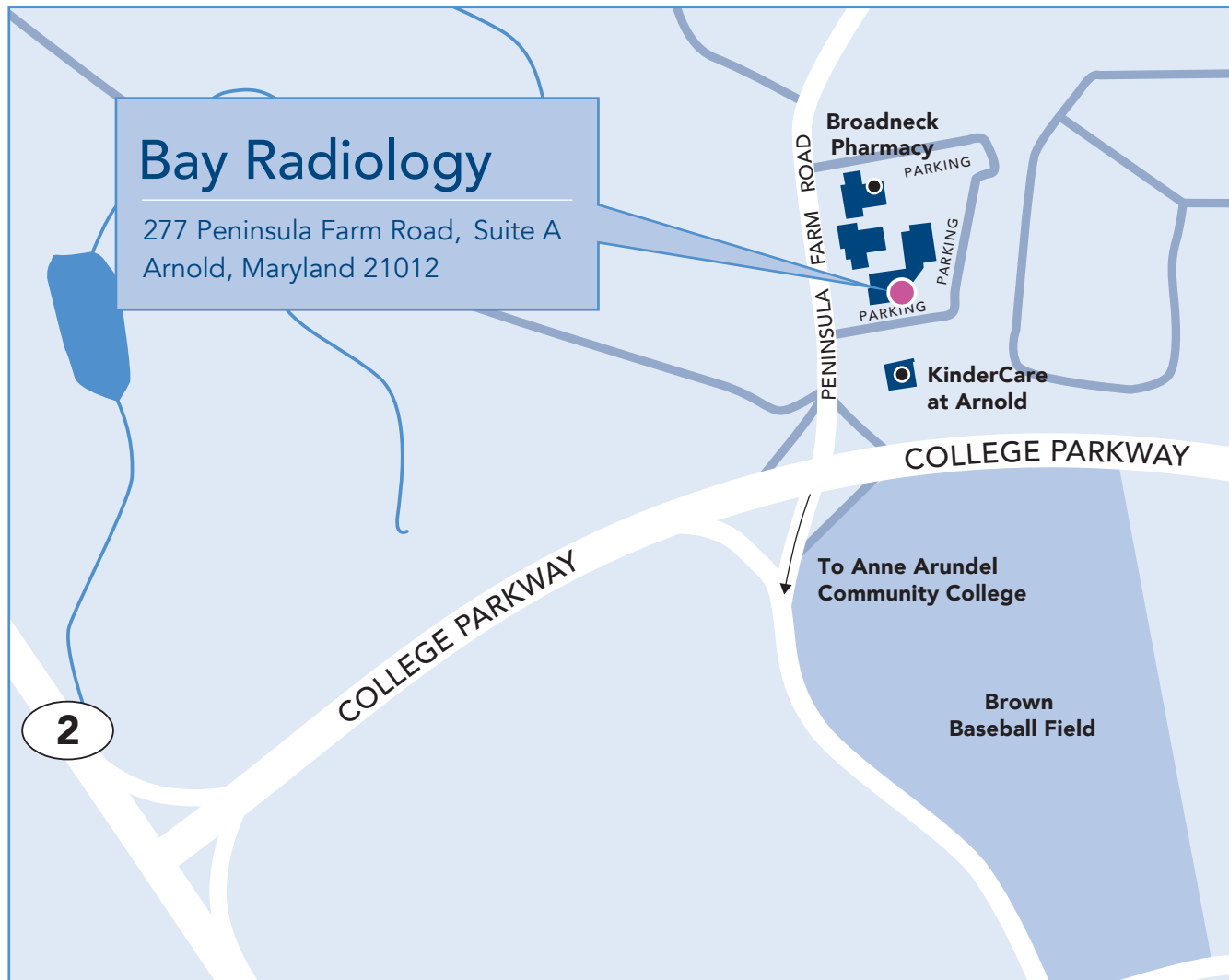


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We are located on the ground floor of the two story building. Look for the address number '277' on each side of the building. Our entrance is in the main building lobby near the base of the stairs.

### Patient Instructions

- Bring this referral form to your appointment.
- Do not use deodorant, powders, lotions or sprays.
- Wear a two piece outfit, as you will need to disrobe from the waist up.
- If you have had mammography done previously at another facility, it is **VERY IMPORTANT** that you bring the films or images on CD - as well as the reports - with you, or make sure we receive them at our office before your appointment.