

## Request for Breast Imaging

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

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

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

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

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

**Screening Mammogram**

**Diagnostic Evaluation (Consultation and Breast Imaging Services)**

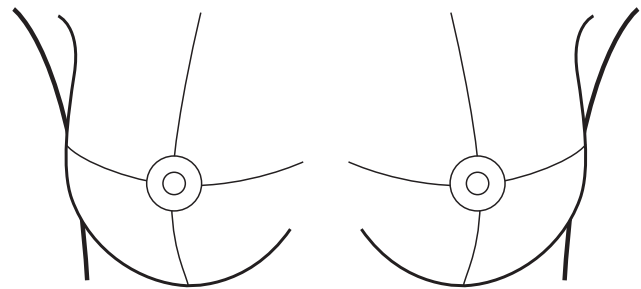
May include mammography, ultrasound, cyst aspiration, fine needle aspiration, or percutaneous core biopsy (stereotactic, tomographically-guided, or ultrasound-guided)

### 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**

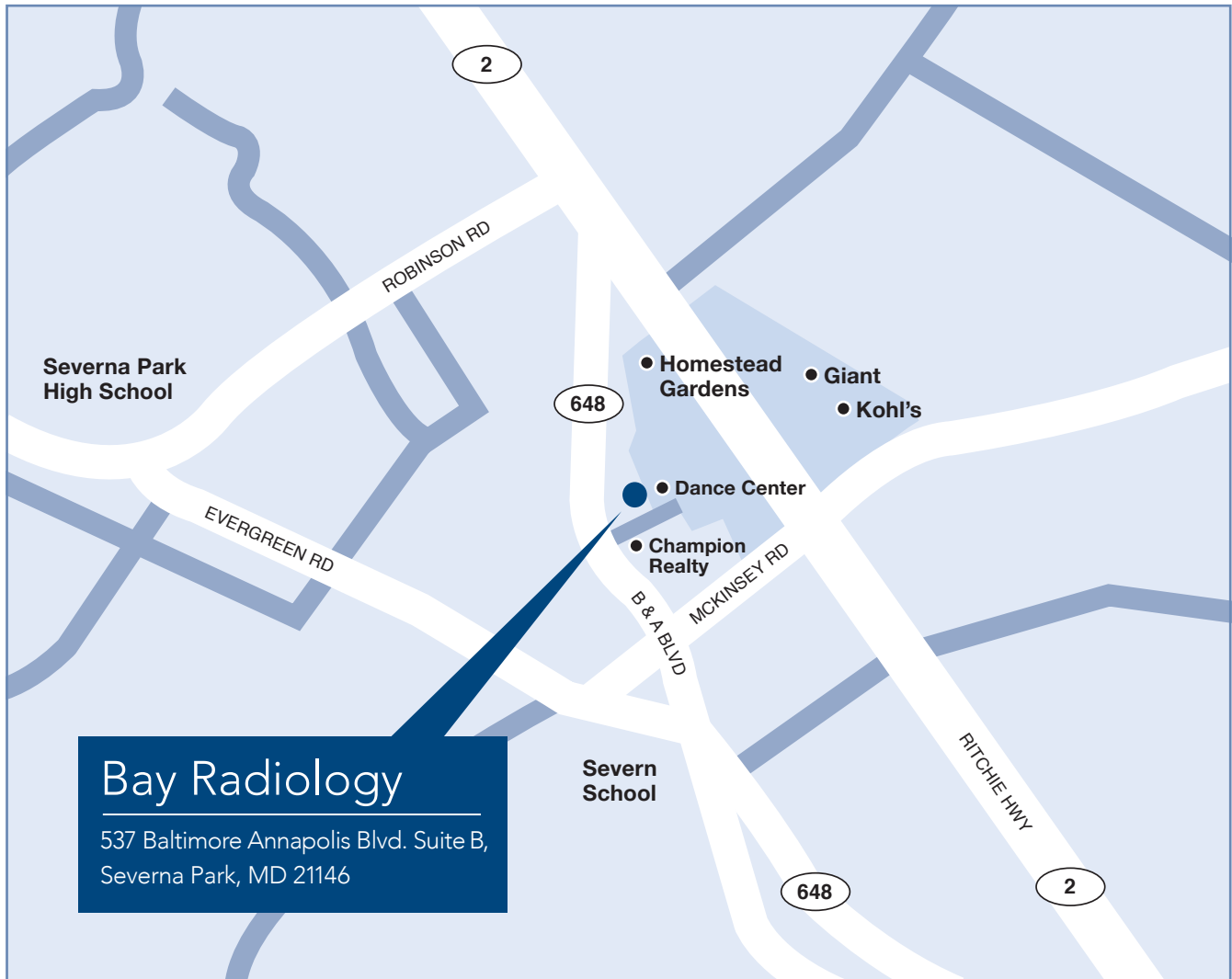
**LEFT**

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

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

\_\_\_\_\_  
**Referring Clinician Signature**

\_\_\_\_\_  
**Date**



Located in a one-story building off B&A Boulevard, adjacent to Bodyworx Spa and Orthodontic Associates. There is ample free parking.

## 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.