

REFERRAL FOR BREAST IMAGING SERVICES

Patient Name _____ Date of Birth _____

Referring Physician _____ Clinic # (backline) _____

Referring Physician Signature _____ Date _____

Screening Mammogram (No focal symptoms or clinical findings)

Diagnostic Mammogram & Breast Ultrasound

Bilateral Unilateral - Right Left

Diagnostic Mammogram Only

(first post-lumpectomy mammo or BI-RADS category 3 follow up)

Bilateral Unilateral - Right Left

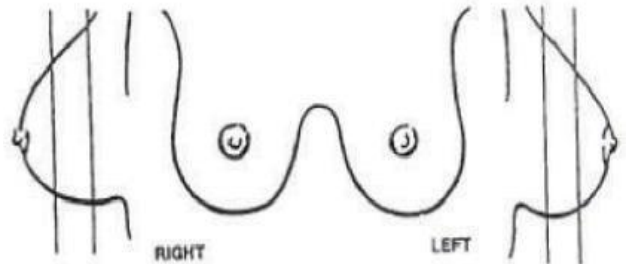
Breast Ultrasound Only (women < 40; not high risk)

Bilateral Unilateral - Right Left

REQUIRED- Reason for exam

- Palpable mass
- Persistent focal pain
- Axillary Lymphadenopathy
- Nipple Discharge
 - Bloody Clear
 - Spontaneous Non-spontaneous
 - Uniductal Multiple ducts
- Skin dimpling / nipple retraction
- Other: _____

REQUIRED-Please mark location of area of concern



Location & Description of finding(s)

(ie, left breast 3 o'clock, 2 cm from nipple firm 2 cm mobile mass)

ICD10 Code: _____

Special Procedures

- Cyst Aspiration Right Left
- Needle biopsy (stereotactic or ultrasound) Right Left
- Localization Procedure (wire or other) Right Left

Breast MRI *PLEASE CALL 206.668.2778 TO SCHEDULE THIS EXAM*

- High Risk Screening: Family history Genetic mutation Personal history breast cancer Other _____
- Recent Breast Cancer Diagnosis:
 - Right Left DCIS IDC ILC Other _____
 - Evaluate Extent of Disease Neoadjuvant Chemotherapy
- Silicone Implants - Evaluate for Rupture
- Suspicious nipple discharge (bloody, spontaneous, uniductal)
- Other: _____

Please tell us any other pertinent details:

PATIENT INSTRUCTIONS

PRIOR MAMMOGRAMS

If you have had a mammogram before, and the most recent mammogram was done at another facility, please **have the images and reports forwarded to us before your appointment** and allow at least one to two weeks for mail service. Please contact the other facility to have your images and reports sent to UWMC-NW. We compare your previous images to the current exam. If your films are not here at the time of your mammogram, your final report may be delayed until the comparison imaging is made.

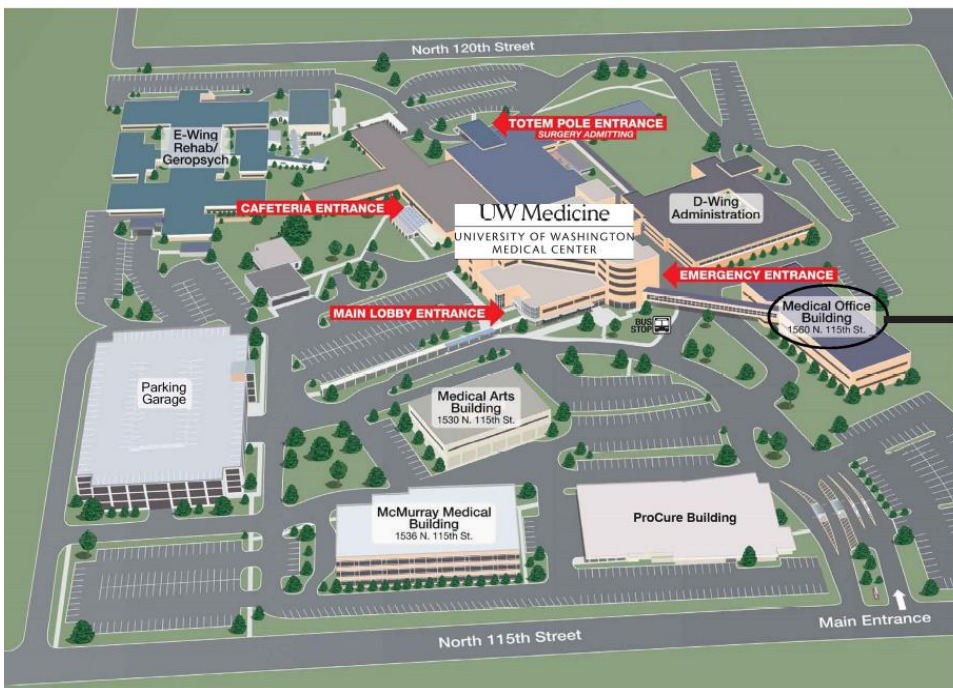
- Please try to schedule your mammogram after your period. This is to minimize breast discomfort during the examination. Avoid scheduling during the time you might have premenstrual or cyclical hormone-related breast tenderness.
- Do not wear body powders, deodorant, lotions, or sprays. They may contain substances that can show up as an artifact on the mammogram pictures.
- Wear a comfortable two-piece outfit.

Thank you for taking an active part in your breast health.

We advise most women being regular screening mammography by age 40-45 and continue to have a mammogram each year while in good health. Some women at higher risk may start screening earlier than age 40 and/or may also undergo breast MRI. You can discuss your breast cancer risk and values with your health care provider and together you can make the choice that is best for you.

DIRECTIONS TO UWMC-NORTHWEST CAMPUS

1. From I-5, take exit 173.
2. Turn west on Northgate Way.
3. At Meridian Ave. North, turn right (north).
4. Take the first left onto 115th Street.
5. Convenient patient and visitor parking is available on campus for a fee. Please refer to the posted signage for rates.



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