# BREAST Diagnostics

Social Security Number ___ - __ - ____

Date of Birth __ / __ / ____ (M M / D D / Y Y Y Y)

Last Name

First Name

MI

Cycle Number: 1 0 0

## ● Biopsy ●

Biopsy Results: (check one)

- ☐ Refused
- ☐ Normal breast tissue
- ☐ Other benign changes
- ☐ Hyperplasia
- ☐ Atypical ductal hyperplasia (ADH)
- ☐ Ductal CIS
- ☐ Lobular CIS
- ☐ Invasive breast cancer
- ☐ Not done - oth/unk reason

Type Biopsy:

- ☐ Incisional ☐ Excisional
- ☐ US Guided ☐ Stereotactic
- ☐ Needle Loc ☐ Core/True Cut

Date Performed: __ / __ / ____ (M M / D D / Y Y Y Y)

Date of Results: __ / __ / ____ (M M / D D / Y Y Y Y)

Paid for by LBCHP funds: ☐ No

Site:

Recmnd'd FU: (check one)

- ☐ Routine screening
- ☐ Obtain definitive Tx
- ☐ MRI
- ☐ STFU
- ☐ Add'l mam views
- ☐ Repeat mam immed
- ☐ CBE consult
- ☐ Ultrasound
- ☐ Surg consult
- ☐ FNA
- ☐ Biopsy

## ● Fine Needle/Cyst Aspirate ●

FNA Results: (check one)

- ☐ Refused
- ☐ No fluid/tissue obtained
- ☐ Not suspicious for Ca
- ☐ Suspicious for Ca
- ☐ Not done - other/unknown reason

Date Performed: __ / __ / ____ (M M / D D / Y Y Y Y)

Date of Results: __ / __ / ____ (M M / D D / Y Y Y Y)

Paid for by LBCHP funds: ☐ No

Site:

Recmd'd FU: (check one)

- ☐ Routine screening
- ☐ Obtain definitive Tx
- ☐ MRI
- ☐ STFU
- ☐ Add'l mam views
- ☐ Repeat mam immed
- ☐ CBE consult
- ☐ Ultrasound
- ☐ Surg consult
- ☐ FNA
- ☐ Biopsy

## ○ Surg Consult

- ☐ Refused
- ☐ No intervention at this time
- ☐ Short term FU
- ☐ Biopsy/FNA recomended
- ☐ Ultrasound recommended
- ☐ Surgery or Tx recommended
- ☐ Not done - other/unk reason

## ○ Repeat CBE

- ☐ Benign
- ☐ Normal exam
- ☐ Discrete palp mass - susp for ca
- ☐ Discrete palp mass (Dx Benign)
- ☐ Bloody/serous nipple disch
- ☐ Nipple/aereolar scaliness
- ☐ Skin dimpling/retraction

Date Performed: __ / __ / ____ (M M / D D / Y Y Y Y)

Date of Results: __ / __ / ____ (M M / D D / Y Y Y Y)

Paid for by LBCHP funds: ☐ No

Site:

Recmd'd FU: (check one)

- ☐ Routine screening
- ☐ Obtain definitive Tx
- ☐ MRI
- ☐ STFU
- ☐ Add'l mam views
- ☐ Repeat mam immed
- ☐ CBE consult
- ☐ Ultrasound
- ☐ Surg consult
- ☐ FNA
- ☐ Biopsy



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