



59628

BREAST Imaging

Social Security Number

____ - ____ - _____

Date of Birth

____ / ____ / _____
M M D D Y Y Y Y

Last Name

First Name

MI

Cycle Number:

Additional Mammogram Views

Type Visit

- Diagnostic Unilateral
- Diagnostic Bilateral

Site:

Mammogram Results: (check one)

- Refused
- Negative --BIRAD 1
- Benign finding --BIRAD 2
- Probably benign --BIRAD 3
- Susp abn (Consider Bx) --BIRAD 4
- Highly sug of malig --BIRAD 5
- Assmt is incomplete (NAIMG) --BIRAD 0
- Film comparison required

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

Recmnd'd FU: (check one)

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

Ultrasound

Ultrasound Results: (check one)

- Refused
- Negative --BIRAD 1
- Benign finding --BIRAD 2
- Probably Benign --BIRAD 3
- Susp abn (Consider Bx) --BIRAD 4
- Highly sugg of malig --BIRAD 5
- Assmt incomplete (NAIMG) --BIRAD 0
- Known Biopsy - proven malig

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

Film Comparison for BIRAD 0

Film Comparison Results: (check one)

- Negative --BIRAD 1
- Benign finding --BIRAD 2
- Probably benign --BIRAD 3
- Susp abn (Consider Bx) --BIRAD 4
- Highly sug of malig --BIRAD 5
- Assessment is incomplete --BIRAD 0
- Not Done -oth/unk 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:

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