

BREAST IMAGING REFERRAL

□CD □FILM □PAPER □KEY IMAGES Drs. Maklansky, Kurzban, Cohen, Zimmer, Hyman, Berson, Maklansky PATIENT NAME: PHYSICIAN TEL # _____ PHYSICIAN NAME_ CLINICAL INFORMATION: _ DATE:

MARK REGION OF INTEREST ON DIAGRAM

SCREENING MAMMOGRAPHY	DIAGNOSTIC MAMMOGRAPHY
(ASYMPTOMATIC PATIENT)	DIAGNOSTIC MAMMOGRAPHY (MAY INCLUDE ULTRASOUND AS INDICATED)
☐ SCREENING MAMMOGRAPHY	□RT □LT □BILATERAL
☐ SCREENING MAMMOGRAPHY WITH BREAST ULTRASOUND	INDICATIONS
☐ 3D TOMOSYNTHESIS	☐ F/U TO ABNORMAL MAMMOGRAM OR SONOGRAM
BREAST ULTRASOUND	☐ H/O BREAST CANCER
□RT □LT □BILATERAL	□ PALPLABLE MASS
	□ NIPPLE DISCHARGE
	OTHER:
BREAST MRI	
☐ WITH CONTRAST	
□ WITHOUT CONTRAST (IMPLANT STUDY)	
CORRELATIVE BREAST IMAGING STUDIES (MAMMO/SONO/BIOPSIES) FILMS AND REPORTS SHOULD BE SUBMITTED.	
INTERVENTIONAL I DIAGNOSTIC PROCEDURES	
☐ ULTRASOUND GUIDED CORE BIOPSY	
☐ ULTRASOUND GUIDED FNA	
☐ STEREOTACTIC CORE BIOPSY	
☐ MRI GUIDED BIOSPY	
☐ PREOPERATIVE NEEDLE LOCALIZATION	
SITE;	
CORRELATIVE BREAST IMAGING STUDIES (MAMMO/SONO/BIOPSIES) FILMS AND REPORTS SHOULD BE SUBMITTED.	
ADDITIONAL STUDIES	
☐ BONE DENSITOMETRY (DEXA)	
☐ PET ☐ MUGA ☐ PELVIC ULTRASOUND ☐ OTHER	
☐ PET/CT ☐ BONE SCAN ☐ ABDOMINAL ULTRASOUND	

We are proud to be designated a "Breast Imaging Center of Excellence" by The American College of Radiology