

**REFERRAL FOR BREAST IMAGING SERVICES**

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

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

Referring Physician \_\_\_\_\_

Clinic # (backline) \_\_\_\_\_

Referring Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

**Screening Mammogram**

No symptoms or clinical findings

**Diagnostic Mammogram**

Bilateral  Unilateral  Right  Left

**Breast Ultrasound**

Bilateral  Unilateral  Right  Left

**REQUIRED- Reason for exam**

- Dominant mass
- Skin dimpling/nipple retraction
- Persistent focal pain
- Nipple discharge  Bloody  Serious
- Mastitis
- Axillary lymphadenopathy
- Personal history of breast cancer
- Other \_\_\_\_\_

**Special Procedures**

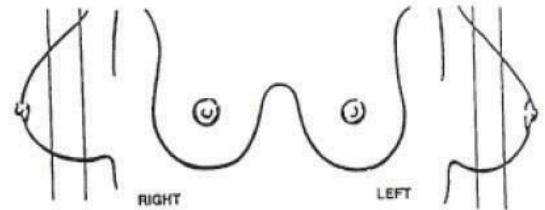
- Needle biopsy (stereotactic or US guided)  Right  Left
- Cyst aspiration  Right  Left
- Galactogram  Right  Left
- Wire localization  Right  Left

**Breast MRI** \*PLEASE CALL 206.668.2778 TO SCHEDULE THIS EXAM\*

- Breast Cancer Date of (please circle) Surgery / Diagnosis \_\_\_\_\_  Right  Left
- Lobular CA  Evaluate Extent of Disease  Neoadjuvant Chemo  Close/+margins  Scar vs. Recurrence
- Implants - evaluate rupture
- High risk screening
- Other \_\_\_\_\_

**REQUIRED-Please mark location of area of concern**

Size \_\_\_\_\_ cm Distance from Nipple \_\_\_\_\_ cm



**ICD10 Code** \_\_\_\_\_

**Please tell us any other pertinent details:**

\_\_\_\_\_  
 \_\_\_\_\_

# PATIENT INSTRUCTIONS

- Please schedule your mammogram after your period. This is to minimize breast discomfort during the examination. It is advisable to 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.

## PREVIOUS MAMMOGRAMS

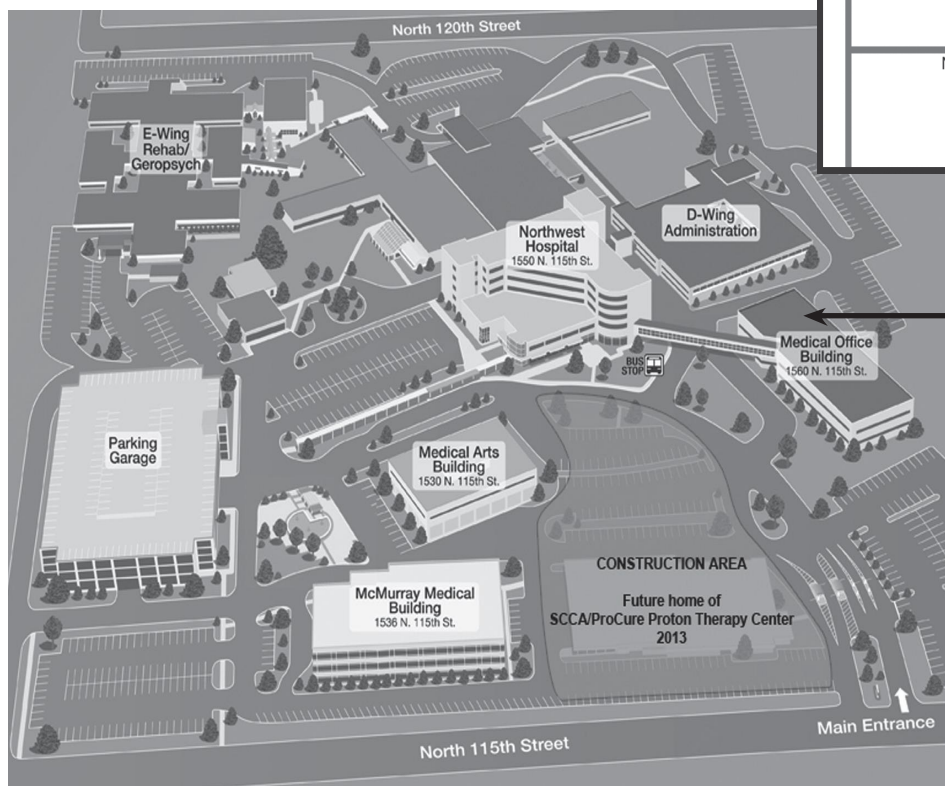
If you have had a mammogram before, and the most recent mammogram was done at another facility, please bring the films with you or have the films forwarded to us before your appointment. Please allow one to two weeks for the mail service. We compare your previous films to the current exam. If your films are not here at the time of your mammogram, your final report will be delayed until the comparison is made.

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

The American Cancer Society recommends annual mammograms, annual clinical breast exam by your healthcare provider, and monthly breast self-examination from age 40.

## DIRECTIONS TO NORTHWEST HOSPITAL & MEDICAL CENTER

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.



**UW Medicine**  
NORTHWEST HOSPITAL  
& MEDICAL CENTER  
SEATTLE BREAST CENTER

Northwest Hospital & Medical  
Center  
Medical Office  
Building 1560N  
115<sup>th</sup> St, Ste 104