

## REFERRAL FOR BREAST IMAGING SERVICES

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

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

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

Date: \_\_\_\_\_

**Screening Mammogram**

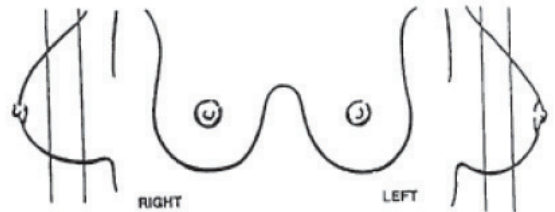
No symptoms or clinical findings

**Diagnostic Work Up For Breast Problem**

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

Please mark location of area in question:

Size \_\_\_\_\_ cm



**Diagnostic Mammogram**

**Breast Ultrasound**

- Unilateral       Right       Left       Bilateral

**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 206.368.2778 TO SCHEDULE THIS EXAM\*

- Breast Cancer      Date of (please circle) Surgery / Diagnosis \_\_\_\_\_       Right       Left
  - Lobular Ca       Eval Extent of dz       Neoadjuvant chemo       Close/+ margins       Scar vs. recurrence
- Implants - evaluate rupture
- High risk screening
- Other \_\_\_\_\_

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.

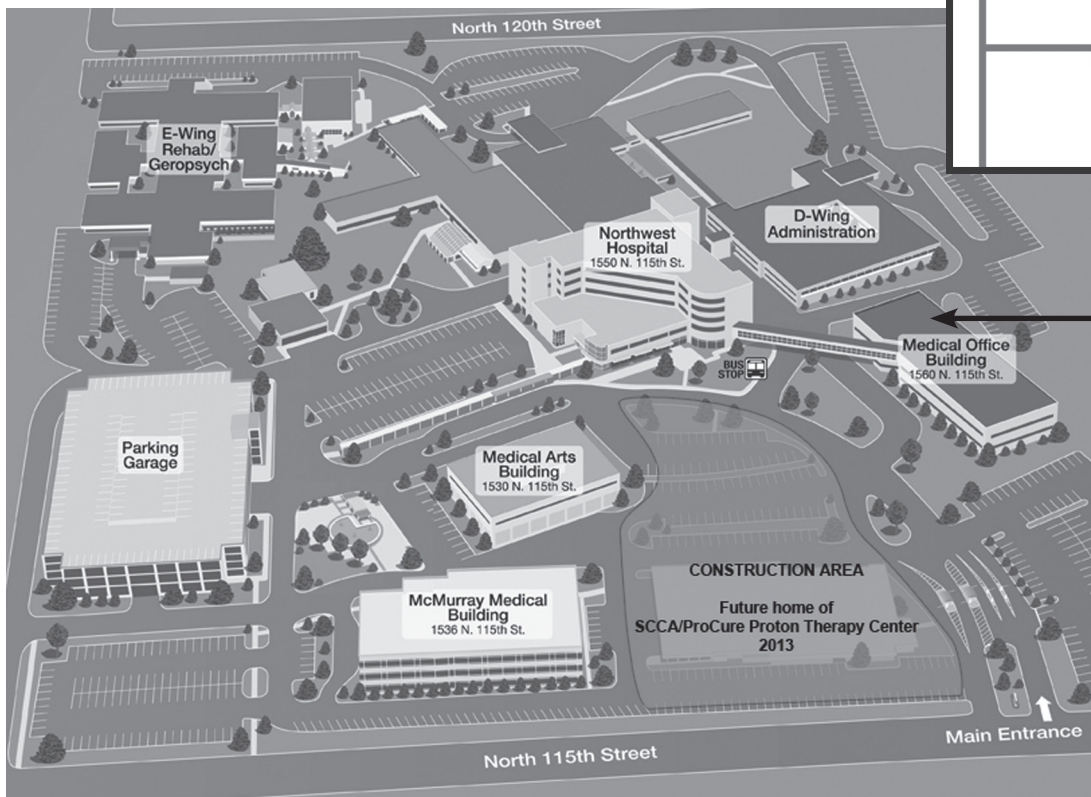
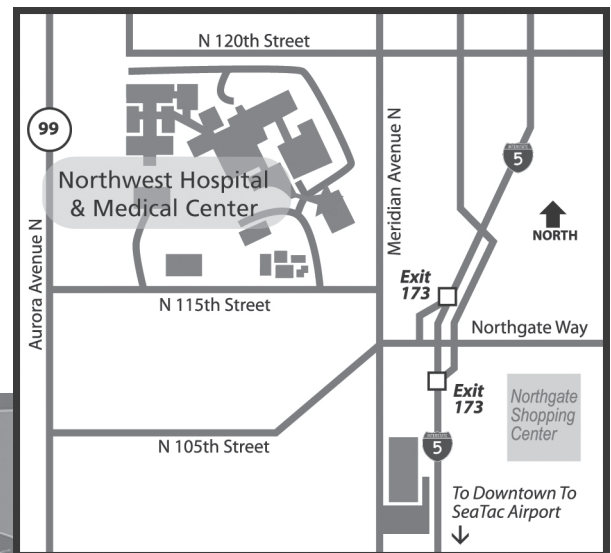
## PREVIOUS MAMMOGRAMS

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 health care 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

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