



Women's Diagnostic Center

Breast Imaging Referral

Scheduling: 360-337-6500 or 1-800-972-9264 • Scheduling Fax: (360) 662-5501
 1780 NW Myhre Road, #1220, Silverdale, Washington 98383

Patient Name: _____ Date: _____ Phone Report _____

Patient Phone: _____ Birthdate: _____ Fax Report _____

Previous Films: No Yes Where? _____ When? _____ Send Films

Appointment Date: _____ Day: _____ Time: _____ Routine, send report

Referred by _____ Send copy of report to: _____

Please have patient bring completed form to appointment or to expedite service, fax completed form to (360) 662-5501 and AMI scheduling will arrange patient's appointment.

See other side for instructions and directions.

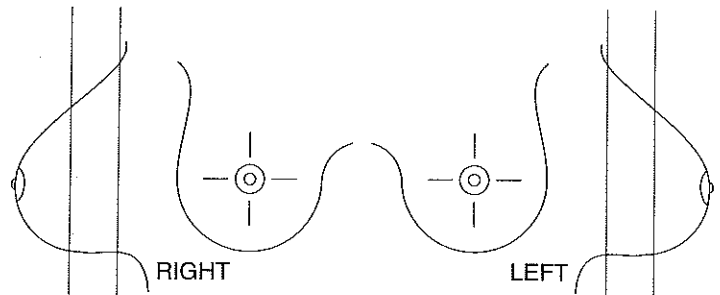
Please make arrangements for children as they may not be left unattended in the waiting room.

SCREENING MAMMOGRAM
 Bilateral or Unilateral, with no current signs, symptoms, or other indications listed below.

SCREENING MAMMOGRAM / WITH IMPLANTS
 No current signs, symptoms, or other indications listed below.

DIAGNOSTIC MAMMOGRAM, WITH ULTRASOUND IF INDICATED

- 1. Palpable mass (mark diagram)
- 2. Skin dimpling/nipple retraction
- 3. Persistent focal pain (mark diagram)
- 4. Bloody or clear nipple discharge
- 5. First mammogram post biopsy
- 6. Other _____



Please mark area of concern.

ULTRASOUND

- Right
- Left

SPECIAL PROCEDURES

- Cyst aspiration
- Cyst aspiration, if indicated
- Needle Biopsy (stereotactic or US-guided)
- Galactogram
- Wire localization

- | | |
|--------------------------------|-------------------------------|
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DEXA Bone Densitometry (at Women's Diagnostic Center, Silverdale) Reason: _____

MRI - see Breast MRI Scheduling Form & Indications (at Bremerton MRI behind Harrison Medical Center, Bremerton)

P.E.T. (see P.E.T. referral form)

SESTAMIBI RADIONUCLIDE BREAST SCAN (Bridgeview building - 2601 Cherry, #105, Bremerton)

Instructions and directions to AMI on back.

Instructions for Breast Imaging

MAMMOGRAMS

Mammogram, galactogram (ductogram), wire localization

1. Please wear a two-piece outfit.
2. Wear no deodorant or powder.
3. For a wire localization, follow instructions given to you by your surgeon or surgery center.

ULTRASOUND

Breast ultrasound or cyst aspiration

No preparation is necessary, unless you are also having a mammogram or extra views for your mammogram, in which case you would follow the above instructions for a mammogram.

NEEDLE BIOPSY

(Stereotactic or Ultrasound-guided)

Please call 360-337-6551 for instructions.

Questions? Call 360-337-6500 or 1-800-972-9264