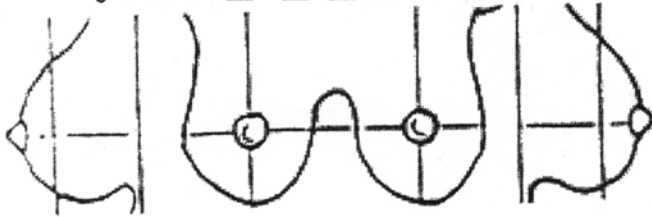


Technologist code:



Which breast(s) are being imaged?
 Both Right Left

What is the reason for this visit?

- Asymptomatic (screening mammogram)
- Symptomatic, problem solving, diagnostic work-up
- continued work-up following abnormal mamm. or US
- short-term follow-up (mostly 6 month follow-up)
- biopsy
- other _____

What exams were performed at this visit? (✓ all that apply)

- Screening 2-view-mammogram
- Diagnostic views (mag, extra views etc.)
- Ultrasound
- CT
- MRI
- Scintigraphy (nuclear)
- Other _____

Procedures

- Ductogram
- Fine Needle Aspiration
- Cyst Aspiration
- Core Biopsy
- Needle Localization

Guidance/System

- Ultrasound
- Stereo
- Mammotome
- Other _____
- None

Digital equipment used? Yes No

Was CAD (R2) used? Yes No

What were the findings from the ultrasound? Please ✓:

	Right	Left
Normal Study		
Cyst		
Solid mass		
Other		
ACR code	1 2 3 4 5	1 2 3 4 5

Referring Physician: _____

Address: _____

City, State, Zip _____

Phone: _____

1st Radiologist code:

Is there a change from comparison films?

- Yes No N/A No films Waiting for Films

Does the patient have implants?

- Both Right Left None (N/A)

Are you aware of any palpable masses in the breast?

- Both Right Left None

What is the parenchymal density classification?

- Extremely dense Scattered fibroadensities
- Heterogeneously dense Entirely fat

Check if **No Findings** (Bi-Rads Code 1):

Mammogram Findings: Please ✓ the ACR Codes

Right					Left				
0	2	3	4	5	0	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next **screening** mammogram date:

- 1 year 2 years N/A
- Short-term: 6 months Age 40
- Other _____ mos. Repeat Tech

Follow-up time for **next action**:

- Immediate (one day) 3 months
- 6-Months Other _____ months

Action for next follow-up:

- Additional views Needle localization
- Ultrasound FNA
- Ductogram Core Biopsy
- MRI Open Biopsy
- Surgical Consult Biopsy - NOS
- Follow Clinical Abnormality Cyst Aspiration
- Other

Double read: No Yes, date: _____

2nd Radiologist code:

Assessment for right (0, 1-5) _____

Assessment for left (0, 1-5) _____

ACR Assessment Codes

- 0=needs further imaging assessment
- 1=normal
- 2=benign finding

- 3=probably benign finding (short term follow-up)
- 4= suspicious abnormality
- 5=highly suggestive of malignancy