

Facility

035

Date of Mammogram

/ /

Patient _____

Date of Add'l Views

/ /

Date of Ultrasound

/ /

INFORMATION AVAILABLE at time of assessment and recommendation(s):

Comparison Films Yes No

Physical Findings Yes No

TYPE OF VIEWS TAKEN(check all that apply)

Left Right Both

Routine views (MLO, CC)

Diagnostic views (additional)

Ultrasound

Other breast imaging

REASON FOR MAMMOGRAM

Screening (asymptomatic)

Additional evaluation of recent mammogram

Short interval follow-up

Evaluation of breast problem (symptomatic)

Radiologist's Code

N LOGO

TISSUE DENSITY

(check denser breast if left and right differ)

Almost entirely fat

Scattered fibroglandular densities

Heterogeneously dense

Extremely dense

ASSESSMENT

Left Right Both

0: Needs additional imaging

1: Negative

2: Benign finding

3: Probably benign finding

4: Suspicious abnormality

5: Highly suggestive of malignancy

RECOMMENDATIONS (check all that apply)

Next Breast Imaging

Left Right Both

Normal interval follow-up

Short term follow-up

Immediate Work-up

Additional views

Ultrasound

Clinical exam for further evaluation

Surgical consult

Fine needle aspiration

Biopsy

Other

FINDINGS

Calcification (by breast)

Left Right Both

Lesions (by breast)

Left Size of lesion <5 mm 6-10 mm 11-20 mm 21-50 mm >50 mm

Right Size of lesion <5 mm 6-10 mm 11-20 mm 21-50 mm >50 mm