

RADIOLOGIST / TECHNOLOGIST EVALUATION – SHORT FORM

NOTES

4. BREAST DENSITY:

(check denser breast if left and right differ)

- Almost entirely fat
- Scattered fibroglandular densities
- Heterogeneously dense
- Extremely dense

5. INFORMATION AVAILABLE AT TIME OF ASSESSMENT AND RECOMMENDATION(S):

(check one)

- Comparison films only
- Physical findings only
- Both films and findings
- Neither

1. INDICATION FOR EXAM: *(check one)*

- Screening (asymptomatic)
- Evaluation of breast problem (symptomatic)
- Additional evaluation of recent mammogram
- Short interval follow-up

6. ASSESSMENT:

	B	L	R
0: Needs additional imaging evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1: Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2: Benign finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3: Probably benign finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4: Suspicious abnormality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5: Highly suggestive of malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. TYPE OF EXAM(S) PERFORMED:

(check all that apply)

	B	L	R
Routine views (MLO, CC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic (additional) views (i.e., spot compression, magnification, other projections, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other breast imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. RECOMMENDATION(S): *(check all that apply)*

	B	L	R
Next mammogram:			
Normal interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Work-up:			
Additional views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical exam for further evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine needle aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. OTHER PROCEDURES PERFORMED:

Not on short form