Be very specific and thorough. Include symptoms (pain, tenderness) or signs (mass, previous studies) which led to mammogram order.

<table>
<thead>
<tr>
<th>SIGNS / SYMPTOMS</th>
<th>YES</th>
<th>NO</th>
<th>PREVIOUS MAMMOGRAMS</th>
<th>YES</th>
<th>NO</th>
<th>PREVIOUS SURGERY / Bx</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Include any mass or fullness, whether present now or if basis of mammogram being ordered, regardless as to whom noted.

<table>
<thead>
<tr>
<th>RECENTLY ON HORMONES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHEN?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DATE OF LAST MENSTRUAL PERIOD:

<table>
<thead>
<tr>
<th>IMPLANT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Bucky cleaned before mammogram?

YES

FRONT: BACK: Bucky cleaned before mammogram?
FINAL ASSESSMENT

☐ Negative  
☐ Benign  
☐ Probably Benign; short interval follow-up suggested in _____ months  
☐ Suspicious for Malignancy  
☐ Highly Suggestive for Malignancy  
☐ Incomplete; needs additional imaging evaluation

Radiologist: ____________________________ MD

FINDING #1
Location:
Description:

FINDING #2
Location:
Description:

FINDING #3
Location:
Description: