

Your
Hospital's
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MAMMOGRAPHY WORKSHEET - 2006

PATIENT NAME:	MR #:	DATE:
TECHNOLOGIST:	RADIOLOGIST:	

APPOINTMENT: _____ ARRIVED FRONT: _____ ARRIVED BACK: _____ COMPLETED: _____

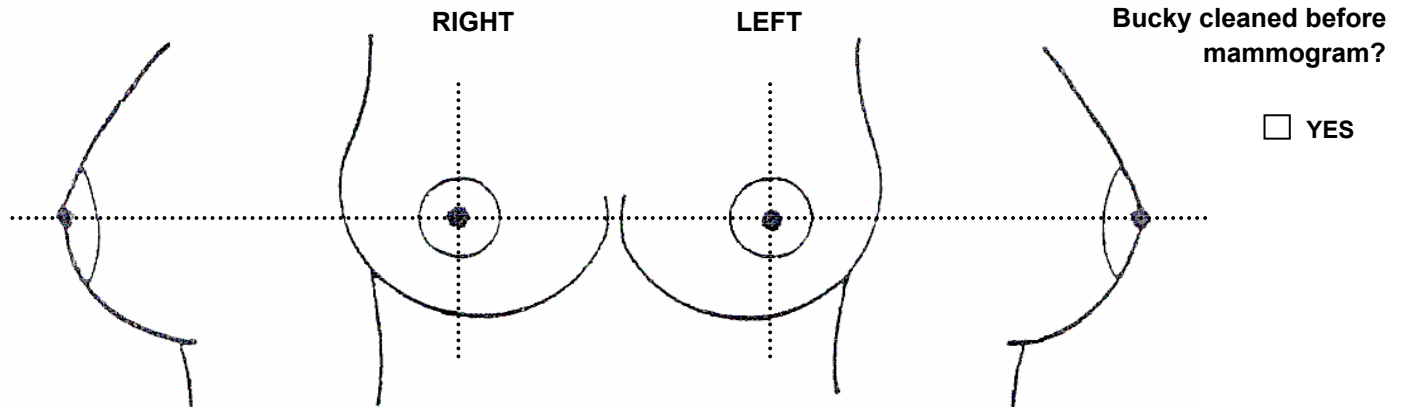
REASON FOR MAMMOGRAM: SCREENING DIAGNOSTIC CHANGED TO DIAGNOSTIC BY RADIOLOGIST

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

SIGNS / SYMPTOMS ? <input type="checkbox"/> YES <input type="checkbox"/> NO MASS ? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREVIOUS MAMMOGRAMS ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> THIS HOSPITAL <input type="checkbox"/> BASELINE <input type="checkbox"/> OTHER DATE: _____ HERE NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Include any mass or fullness, whether present now or if basis of mammogram being ordered, regardless as to whom noted.

PREVIOUS SURGERY / Bx ? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? WHERE? RESULT? IMPLANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	RECENTLY ON HORMONES ? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE? WHEN? DATE OF LAST MENSTRUAL PERIOD: _____
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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:

Negative Benign Probably Benign Suspicious Highly Suspicious Incomplete

FINDING #2

Location:

Description:

Negative Benign Probably Benign Suspicious Highly Suspicious Incomplete

FINDING #3

Location:

Description:

Negative Benign Probably Benign Suspicious Highly Suspicious Incomplete