

Date: _____

Patient's Name: _____

Address: _____

New Jersey
(201) Fax (201)
Appointments: (201)

- Films left at IBC
- Films with referring MD

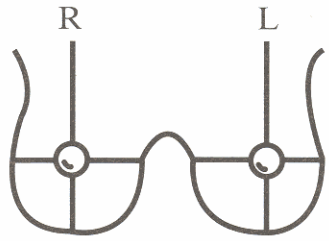
Rx

- Routine Screening Mammography
- Diagnostic Mammography
- Second Opinion
- Physician Breast Exam
- Unilateral Mammography R L
- Ultrasound *(Please mark area of concern/as needed)* R L Bilat
- Additional Views R L Bilat
- MRI Breast R L Bilat

- Stereotactic Core Biopsy R (No. of lesions ____) L (No. of lesions ____)
- Localization R (No. of lesions ____) L (No. of lesions ____)
 - Mammo
 - Ultrasound
- Ultrasound FNA/Core biopsy
- Technetium Sulfur Colloid

Clinical History: *(Please check one of the following)*

- History of Breast Cancer
- Nipple Discharge R L Bilat
- Breast Pain R L Bilat
- Breast Lump R L Bilat
- Post lumpectomy R L Bilat
- Post mastectomy R L Bilat
- Implants
- Implants Problem R L Bilat
- Abnormal Physical Exam *(Please mark area of concern)*
- Abnormal Mammogram



Physician's Signature: _____

Physician's Printed Name: _____

PLEASE BRING ANY OUTSIDE ORIGINAL FILMS YOU HAVE HAD IN THE PAST.