

FOR APPOINTMENTS PLEASE CALL: 734.458.4366
 Monday - Friday 8 a.m. - 5 p.m.
Physicians please fax all prescriptions to: 734.513.2830

Name: (Last, First, MI): _____ Date of Birth: _____

Today's Date: _____ Physician Signature (REQUIRED): _____

Reason for Visit: _____ ICD9 code _____

Additional Physician to Receive Report: _____

Exam Date: _____ Exam Time: _____ AM/PM

Patient Requires insurance authorization or referral for any procedures

PROCEDURES (as indicated per individual facility on the reserve side)

MAMMOGRAPHY	BREAST ULTRASOUND	SPECIAL PROCEDURES	DEXA
<input type="checkbox"/> Screening Bilateral <input type="checkbox"/> Diagnostic <input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/> R <input type="checkbox"/> L Location/ o'clock _____	<input type="checkbox"/> Ultrasound core biopsy <input type="checkbox"/> Sterotactic core biopsy <input type="checkbox"/> Ductogram Side <input type="checkbox"/> Cyst aspiration <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Osteoporosis <input type="checkbox"/> Post menopausal <input type="checkbox"/> Endocrine/ Metabolic abnormality _____ <input type="checkbox"/> Medication _____ <input type="checkbox"/> Other _____

Any procedure as indicated by Radiologist including cyst aspiration or biopsy

BREAST FINDINGS

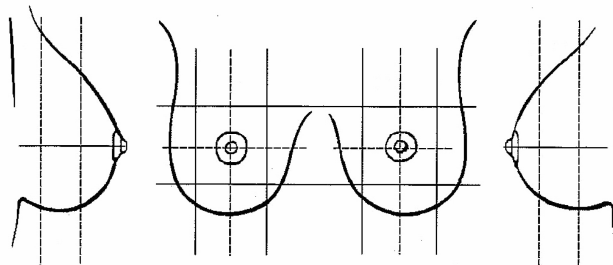
Please document clinical findings below.

Date of Physical Exam: _____

RIGHT (please check)

DIAGNOSTIC

- Discrete palpable mass
- Asymmetric nodularity
- Thickening
- Localized pain
- Skin changes
- Nipple discharge
- Abnormal lymph nodes
- Previous abnormal Imaging
- Other _____



SCREENING

- Fibrocystic condition
- Generalized tenderness
- Negative

LEFT (please check)

DIAGNOSTIC

- Discrete palpable mass
- Asymmetric nodularity
- Thickening
- Localized pain
- Skin changes
- Nipple discharge
- Abnormal lymph nodes
- Previous abnormal Imaging
- Other _____

SCREENING

- Fibrocystic condition
- Generalized tenderness
- Negative

Has patient had a previous mammogram? Yes No Date: _____ Location: _____

It is important to bring comparison mammograms with you the day of the exam if last done at a facility outside Garden City Hospital or Cambridge. Failure to do so could result in delay of your final report.

MAMMOGRAPHY PATIENT INFORMATION:

Please take time to read this very important information below.

Because every women's breast tissue is different, on occasion the radiologist will need additional views to give optimal interpretation of your mammogram. You may be called back for additional views or an ultrasound exam by the mammography department. This should NOT be cause for alarm and does not necessarily indicate an abnormal exam.

There are many common, benign (non-cancerous) findings seen on the initial screening that require further investigation. Some of these are cysts, calcifications, overlapping glandular tissue and lymph nodes, to name a few.

We realize that being called back creates anxiety and fear. The major benefit of having any questionable area investigated is to reassure you and your doctor that what was seen on the original mammogram is a normal appearance for you and not something more serious.

PREPARATION INSTRUCTIONS:

1. Please bring your previous films if not done at this site (or Cambridge, Garden City Hospital).
2. If there is any possibility that you might be pregnant, inform both your doctor and staff at the site.
3. For your personal comfort, schedule your screening mammogram one week after the start of your menstrual cycle.
4. If you take replacement hormones and have "resting" days, schedule your appointment around the day that medication is resumed.
5. On the day of your appointment, do not use perfume, powder or deodorant in the breast or underarm area.
6. For your convenience, please wear a two-piece outfit to your appointment.

We are conveniently located at

**Garden City Hospital
Center for Breast Care
6255 Inkster Rd Ste B-010
Garden City, MI 48135**



Located on:

- * Inkster Road
- * South of Warren Road
- * North of Ford Road
- * Lower Level (basement)
- * Medical Office Building

