



Breast Imaging Request Form - Westside

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

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

Reason for Visit: _____ OR ICD9 code _____

Additional Physician to Receive Report: _____

Exam Date: _____ Exam Time: _____ AM/PM (Please specify facility on the reverse side)

Patient requires insurance authorization or referral for any procedures

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

MAMMOGRAPHY

- Screening
- Diagnostic
 - Bilateral
 - Unilateral R L

BREAST ULTRASOUND

- Bilateral
- Unilateral R L
- Location / o'clock _____

SPECIAL PROCEDURES

- Image-guided biopsy (core needle)
- Ductogram R L
- Cyst aspiration

OTHER

- _____
- _____
- _____

Any procedure as indicated by radiologist including cyst aspiration or biopsy

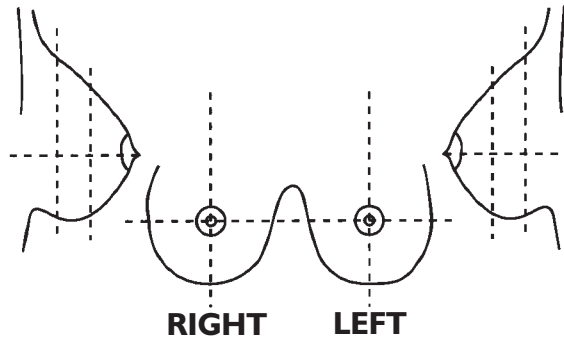
BREAST FINDINGS

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 _____



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

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 the St. John Health System (which includes the Providence Hospitals and Imaging Centers listed on the reverse side). Failure to do so could result in delays of your final report.

Schedule for surgical consultation if the radiologist finds it is appropriate

Surgeon of choice: _____

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Westside**

MAMMOGRAPHY PATIENT INFORMATION:

Please take time to read this very important information below.

Because every woman'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) images 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 a lot of anxiety and fear. That is not the intent of the Mammography Department. 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 any other St. John Health System facility).
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 the 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.

Westside Breast Imaging Facilities



Please check appropriate facility!



Providence Hospital

22250 Providence Drive Southfield, MI 48075
General Information Number: 248- 849-3901
Appointment Telephone: 248-849-5421
MRI Scheduling: 248-849-3476
*Digital Mammography, Ultrasound, MRI
Stereotactic Biopsy, Bone Density, Ductograms*



Providence Park Hospital

47601 Grand River Avenue Novi, MI 48374-3226
Appointment Telephone: 248-465-4120
General Information Number: 248-465-4371
*Digital Mammography, Ultrasound,
Stereotactic Biopsy, Bone Density, Ductograms*



Providence Medical Center Farmington Hills

30055 Northwestern Hwy. Farmington Hills, MI 48334
Telephone: 248-865-4111
Digital Mammography



Providence Mission Health Center Livonia

37595 Seven Mile Rd. Livonia, MI 48152-1003
Telephone: 734-432-7750
Mammography, Ultrasound

Toll Free Number: 877-MAM-XRAY

WEBSITE: stjohn.org/breastcare

 Designates 24-hour service