

Project WISH - Women into Staying Healthy Breast and Cervical Cancer Early Detection Program D.C. Department of Health 825 North Capital Street, N.E. Washington, DC 20002

ID No.	

	MMOGRAPHY SCREENIN	NG FORM
PATIENT NAME:	First	МІ
DATE OF BIRTH: / /	HOME PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
DATE OF VISIT: // /	DATE OF CBE VISIT:	<u> </u>
REFERRING PHYSICIAN / SITE:		SITE CODE:
MAMMOGRAPHY SITE:		SITE CODE:
		REPEAT SCREENING
RADIOLOGIST'S ASSESS  Negative Benign finding Probably benign; short term follow-up recome Suspicious abnormality; biopsy should be complicated Highly suggestive of malignancy Assessment incomplete; additional studies as immediately to finalize the mammography into Unsatisfactory; film could not be interpreted to Not needed Needed but not performed (includes those with the second Highly Seco	Routine re Follow-up Diagnostic Repeat cli Ultrasound Sterpretation Surgical C Biopsy Other:	piration dle aspiration consult  eferred to:  Date of Referral:
Patient Notified: Yes: (indicate date)		
ADDITIONAL COMMENTS:		
RADIOLOGIST'S SIGNATURE:		DATE:
RADIOLOGIST'S NAME (PRINTED):		
REVIEWER'S SIGNATURE:		DATE:
MEDICAL CHART # OR PVR #:		<u> </u>