

# COMPREHENSIVE BREAST CENTER

Pavilion for women and children • 900 Pacific Ave. • Everett, WA  
425-258-7900 • Fax 425-258-7905

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

TEC #: \_\_\_\_\_ Referring Clinician: \_\_\_\_\_

Clinician Phone: \_\_\_\_\_

**Routine Screening - Asymptomatic**

May schedule further imaging if indicated (signature required below)

## PROBLEM SOLVING EVALUATION - REQUIRES PROVIDER SIGNATURE

Please provide information below

Diagnosis: \_\_\_\_\_ Diagnosis: Code \_\_\_\_\_

### REASON

- Early interval follow-up per MD from exam performed on \_\_\_\_\_
- Pre-radiation therapy work-up
- Baseline post treatment work-up
- Further imaging from screening exam performed on \_\_\_\_\_
- Short interval follow-up exam performed on \_\_\_\_\_
- Symptomatic Evaluation (patient no less than 30 years of age - ULTRASOUND ONLY)
- Symptomatic Evaluation (patient greater than 30 years of age) with ultrasound if indicated
- May schedule biopsy if indicated
- May schedule MRI if indicated

### SYMPTOMS

- Nipple Discharge     Lump/mass palpated in the     Supine     Sitting position     Focal Breast Pain
- Other \_\_\_\_\_

Please identify area of symptom below:

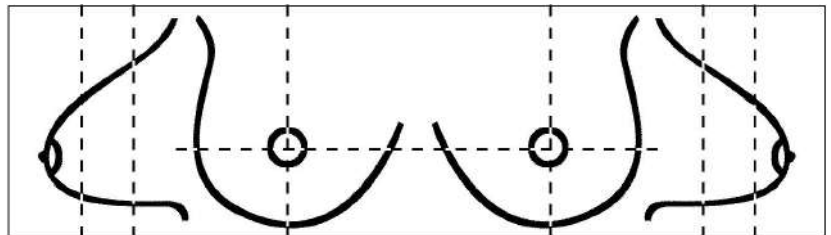
Side: \_\_\_\_\_

Quadrant: \_\_\_\_\_

Position: \_\_\_\_\_

Size: \_\_\_\_\_

Comments: \_\_\_\_\_



RIGHT

LEFT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ LIP Signature \_\_\_\_\_ ID #: \_\_\_\_\_



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Pacific Campus • 916 Pacific Ave.  
Pavilion for Women and Children • 900 Pacific Ave.  
Providence Regional Cancer Partnership  
1717 13th Street • Everett, WA 98201

### BREAST CENTER REFERRAL

(08/08)

29224 Interactive (03/19/09) - D