

COMPREHENSIVE BREAST CENTER

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



3CONE

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

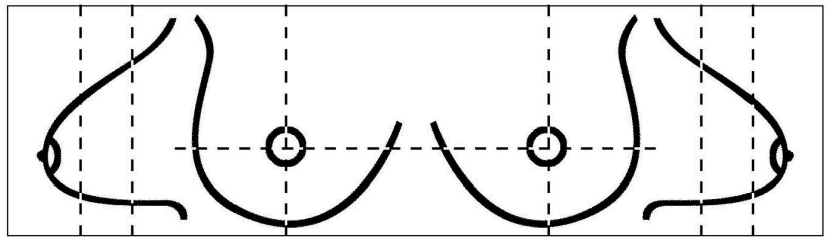
- Early interval follow-up per MD from exam performed on _____
- Pre-radiation therapy work-up
- Baseline post treatment work-up
- Further imaging from screening exam performed on _____
- Short interval follow-up exam performed on _____
- Symptomatic Evaluation (patient no less than 30 years of age - 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: _____



RIGHT

LEFT

Comments: _____

Date: _____ Time: _____ LIP Signature _____ ID #: _____



Colby Campus • 1321 Colby Ave.
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