

# EvergreenHealth Breast Health Center Exam Order Form

#### **Patient Information**

Last Name		
First Name		
DOB		
TEL (Primary)		
TEL (Secondary)		
Gender □ M □ F	Pregnant 🖵 No	☐ Ye

#### **Patient Instructions**

PLEASE BRING THIS FORM TO YOUR APPOINTMENT. Schedule your exam, if your doctor has not already done so, by calling 425.899.2831. Map, address and directions are located on the back of this form.

### **Exam Requested**

Date

Please checkmark the exam at right and call to schedule, then fax this form to the number shown.

TEL 425.899.2831		99.2831 FAX	425.899.2828
YES	NO	Prior mammogram? ☐ EvergreenHealth B	reast Health Center
		$lacksquare$ Other Location $\_$	

What are patien	<b>Clinical Ir</b> t's signs/symp	<b>Iforma</b> toms? Clir	a <b>tion</b> nical questio	n? –
☐ Bone Density	y/DXA Scan			
☐ Screening M		dinac in a	thar braast	
(Annual > 40	s or clinical fin years)	uirigs in ei	trier breast.	
☐ Diagnostic N☐ Unilateral:☐ Bilateral	•	ht 🗖 Lef	ft	
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Size:	cm	Distance from Nipple:	c
Skin Dir	npling/N	ipple Discharge	

- ☐ Persistent Focal Pain ☐ Mastitis and/or Skin Changes
- ☐ Implants/Augmentation Problem

☐ Diagnostic Evaluation of Breast Problem  This may include mammography, ultrasound, fine needle aspiration, percutaneous core biopsy.
☐ Breast Ultrasound ( ≥ 30 years: Include Mammogram)
☐ Unilateral: ☐ Right ☐ Left ☐ Bilateral
□ Special Procedures □ Unilateral: □ Right □ Left □ Bilateral □ Stereotactic Core Biopsy □ Ultrasound Cyst Aspiration □ Ultrasound Core Biopsy □ MRI Core Biopsy □ Wire Localization □ Galactogram □ Breast MR (Check indication below.) w & w/o contraction of the
Other  YES NO Patient has Kidney Disease,  Diabetes or is over 60
(If YES, provide BUN/Creatinine below.)

# Ordering Physician's Signature Federal regulations require a physician's signature.

BUN/Creatinine levels (GFR):

Please complete this form, then FAX it to the EvergreenHealth Breast Health Center at 425.899.2828

#### **Exam Preparations**

☐ Mammogram 425.899.2831 (scheduling)

A mammogram should be scheduled between the third and tenth day after the first day of period. Post-menopausal women may schedule mammogram for any time. On exam day, wear a two-piece outfit. From the waist up, DO NOT WEAR ANY DEODORANT, LOTION, POWDER OR PERFUME. Prior mammo graphic films are required for comparison. Inform staff of the location of your last mammogram so we may obtain the films.

☐ Bone Densitometry 425.899.2831 (scheduling)
Wear loose clothing and allow seven days between any barium study and your bone density study.

## Directions to EvergreenHealth Breast Health Center

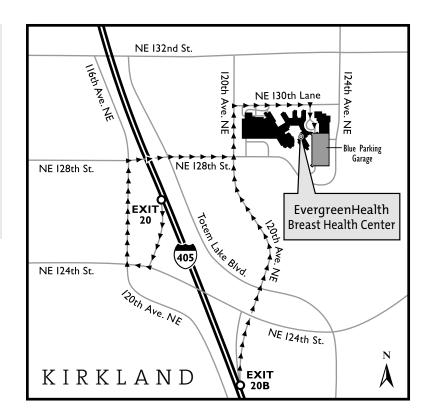
12040 NE 128th St. (Coral Zone), Kirkland, WA 98034 Hospital Main Number: 425.899.1000

#### Northbound on 1-405

- Take the NE 124th St./ Totem Lake Blvd. Exit (20B)
- Stay to the right and follow the Totem Lake Blvd. Exit
- Proceed straight from the stoplight, up the hill on 120th Ave. NE
- Take next right onto NE 130th Lane
- Follow signs to "Central Entrance/ Patient Registration" and park in the Central Parking Garage

#### Southbound on 1-405

- Take the NE 124th St. Exit (20)
- Turn right onto NE 124th St.
- Turn right onto 116th Ave. NE
- Turn right onto NE 128th St.
- Go straight, past Totem Lake Blvd., to the 120th Ave. NE intersection
- Turn left at the stoplight onto 120th Ave. NE
- Turn right onto NE 130th Lane
- Follow signs to "Central Entrance/ Patient Registration" and park in the Central Parking Garage



#### **Parking:** (Parking is FREE)

- From Level A (ground floor) of the Central Parking Garage, enter the hospital on the 2nd floor
- Take the elevator located by the entrance to Gift Shop, (Coral Zone) down to the first floor
- Check in at the Breast Health Center reception desk, located to the left as you exit the elevator