Breast Health Center Procedure Protocol Form

St Vincents Riverside Southside Clay St Johns **Optimal** Forbes Southside

Patient Name: DOB: MMI:

Ordering Clinician: Date Ordered Received:

Date of Exam

	Screening Mammography	Riverside	Southside	Clay	Optimal	Outside
	Diagnostic Mammography	Riverside	Southside	Clay	Optimal	Outside
	Breast Ultrasound	Riverside	Southside	Clay	Optimal	Outside
	Breast MR	Riverside	Southside	Clay	Optimal	Outside
	Outside Breast Biopsy	Riverside	Southside	Clay	Optimal	Outside

Procedure(s) to be performed:

	RIGHT	LEFT	TOTAL SITES
US-Guided Biopsy			
US-Guided Cyst Aspiration (w/ prn Biopsy)			
Stereotactic-Guided Biopsy			
MR-Guided Biopsy			

	RIGHT	LEFT	TOTAL SITES
US-Guided Needle Localization			
Mammo-Guided Needle Localization			

Circle if lesion needs bracketing?

	RIGHT	LEFT
Lymphoscintigraphy		

Radiologist Notes:

Radiologist Signature: Date:

Radiologist Name: