

**UNIVERSITY OF VIRGINIA HEALTH SYSTEM  
DEPARTMENT OF RADIOLOGY  
BREAST IMAGING REQUEST**

PLACE LABEL HERE.  
  
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#



Patient Name: \_\_\_\_\_ Attending Physician: \_\_\_\_\_  
 History number: \_\_\_\_\_ Ordering Provider: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Ordering Prov. Signature: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Office Phone or PIC #: \_\_\_\_\_

- |                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Univ of Virginia Breast Care Center (BCC)<br>(Diag Breast Imaging/Procedures)<br>University of Virginia Medical Center<br>1335 Lee Street<br>Charlottesville<br>(434) 924-5194<br>FAX (434) 924-5672 | <input type="checkbox"/> Virginia Mammography Center at Northridge (NR)<br>(Screening Mammo/Bone Density)<br>2955 Ivy Road, Suite 102<br>Charlottesville<br>(434) 243-4535<br>FAX (434) 972-4231 | <input type="checkbox"/> Diagnostic and Mammography Center at Orange*<br>(Screening Mammograms)<br>661 University Lane--Suite D<br>Orange<br>(540) 661-3082<br>FAX (540) 661-3020 |
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- Screening Mammogram(V76.12)  
 No current breast complaints, no personal history of breast cancer, recent breast biopsy, or implants.  
 Other reasons for Screening Mammo  Family History Breast CA(V16.3)  Previous Neg Biopsy(V15.89)

- Diagnostic Mammogram  
 (may include breast exam to evaluate clinical findings unless otherwise indicated)  
 \_\_\_ Bilateral \_\_\_ Right \_\_\_ Left

- Please mark indication for diagnostic study:
- Palpable lump(s). Indicate location(s) below. (611.72) [BCC ONLY]
  - Palpable breast thickening. Indicate location(s) below.(611.79) [BCC ONLY]
  - Nipple discharge(611.79) [BCC ONLY]
  - Breast pain; focal or diffuse. Indicate location below.(611.71) [BCC ONLY]
  - Breast Implants(V43.82) [BCC OR NR]
  - Personal history of breast cancer(V10.3) [BCC, OR NR if >3YRS]
  - Follow-up of previous mammographic or sonographic abnormality(793.80) [BCC ONLY]
  - Recent surgical or needle biopsy [BCC ONLY]
  - Previous surgery showing benign breast disease(611.9) [BCC OR NR]
  - Pre-Surgical Imaging
  - Pre-Radiation Therapy
  - Other Dx: \_\_\_\_\_
  - Known Breast CA: Pre-treatment Imaging

- Breast Ultrasound
- Procedure
- Cyst Aspiration
  - Core needle biopsy
  - Galactogram (Ductogram)
  - Needle-wire localization
  - Please Schedule Procedure if Necessary

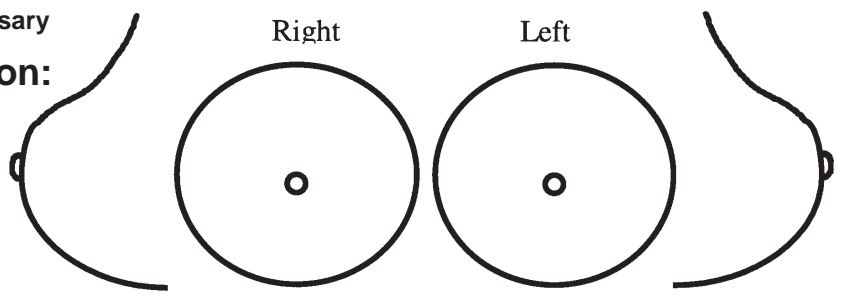
Consultation to evaluate: \_\_\_\_\_

Please Do Additional Imaging if Necessary

**Exam and Pertinent Information:**

Date of Last Breast Exam: \_\_\_\_\_

- Normal
- Abnormal \_\_\_\_\_



## How to Make Your Mammogram More Comfortable

Ask any woman what she'd like to change about her mammogram, and you're bound to get the same answer: they're uncomfortable. Some discomfort is necessary because compression of the breast is what allows us to see abnormalities. But compression lasts only for a few seconds while the technologist is taking the x-ray. And there are several things you can do to make your mammogram more comfortable:

- ⑩ If you are still menstruating, schedule your mammogram for the week after menses. Then your breasts will be less tender and have fewer lumps. This is also a good time of the month to perform breast self-examination.
- ⑩ If you take estrogen and progesterone to manage the symptoms of menopause, schedule your mammogram for the first week of your package. This is similar to the week after menstruation in a premenopausal woman.
- ⑩ If you take estrogen alone (without progesterone) for menopause, stop taking the estrogen for about 5 days before your mammogram. Most women will not have withdrawal symptoms during this short period, but the breasts are usually less tender.
- ⑩ If you regularly experience breast pain, take pain-relievers such as acetaminophen (non-aspirin like Tylenol) or ibuprofen (Advil or Motrin) one or two hours before your mammogram.
- ⑩ Discuss your concerns with the technologist performing the exam. She will apply the compression slowly and only to a level that you can tolerate.

Remember that compression lasts only a few seconds. Those few seconds could allow early detection of any breast problems.

## Preparing for Your Mammogram

Wear a blouse or sweater rather than a dress on the day of your mammogram to make it easier to undress. You will be given a gown to wear.

Do not use any deodorant, powder, perfume, creams, or lotions in your underarm or breast areas because they may leave a residue that may be picked up on the x-ray and possibly interfere with the mammogram results.