

Feb. 27, 2020 9:38AM



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REFERRAL FOR BREAST IMAGING SERVICES

Patient Name: Swati Dey DOB: 11/20/1980

Referring Physician: Maranda Fain, CRNP Office number: (334) 244-3281
(PRINT CLEARLY)

Appointment Date/Time: Tuesday December 14th, 2021 at 08:40 AM

☐ Screening Mammogram ☐ Bone Densitometry Diagnosis: _____
No symptoms or clinical findings (☐ EMIC ☐ MBC ☐ PIC)

☐ Additional diagnostic studies (US, MRI) may be performed if indicated

☒ Diagnostic Mammogram

☒ Bilateral ☐ Unilateral ☐ Right ☐ Left

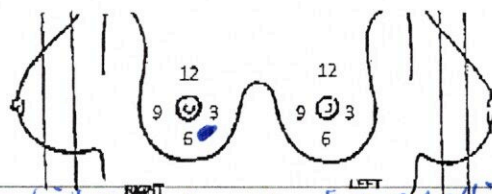
☒ Breast Ultrasound

☒ Bilateral ☐ Unilateral ☐ Right ☐ Left

☒ REQUIRED- Reason for exam

- ☒ Lump/mass/thickening
☒ Skin dimpling/nipple retraction ORA
☒ Persistent focal pain/tenderness
☐ Nipple discharge
☐ Personal history of breast cancer
☒ Other bilateral axillary swelling

REQUIRED-Please mark location of area of concern



bilateral axillary swelling

ICD10 Code N63.0

N64.4

Z12.39

☐ Special Procedures

- | | | |
|---|--------------------------------|-------------------------------|
| ☐ Needle biopsy (stereotactic, US guided, MR guided) | ☐ Right | ☐ Left |
| ☐ Cyst Aspiration | ☐ Right | ☐ Left |
| ☐ Ductogram | ☐ Right | ☐ Left |
| ☐ Savi-Scout placement/Wire Localization | ☐ Right | ☐ Left |

☐ Breast MRI Bilateral w/ & w/o contrast (☐ BMCE ☐ CIC ☐ EMIC ☐ PIC)

Diagnosis: _____

Prior mammogram at: _____

Please tell us any other pertinent details: _____

Referring Physician Signature: M. Fain DATE: 12/14/2021 Time: 1330