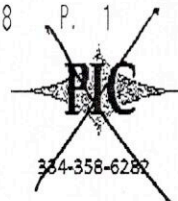
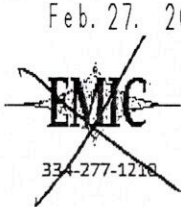


Feb. 27, 2020 9:36AM



REFERRAL FOR BREAST IMAGING SERVICES

Patient Name: Dawnese L. Bowen DOB: 12/12/1971

Referring Physician: Lindsey Barton, CRNP Office number: (334) 244-3281
(PRINT CLEARLY)

Appointment Date/Time: January 20th @ 0745 (Friday)

☐ Screening Mammogram ☐ Bone DEXA 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
- ☐ Persistent focal pain/tenderness
- ☐ Nipple discharge
- ☒ Personal history of breast cancer
- ☒ Other Tissue Expanders w/ sudden

☐ 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)

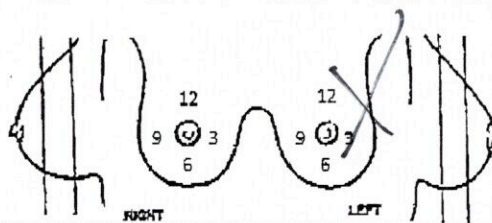
Diagnosis: _____

Prior mammogram at: _____

Please tell us any other pertinent details: _____

Referring Physician Signature: L. Barton, CRNP DATE: 1/11/2023 Time: 1100

REQUIRED-Please mark location of area of concern



ICD10 Code N64.4; Z85.3

onset of pain after free. coughing spells w/ pain to
left breast rad. to shoulder.
Prior H/O of similar w/
expander leak.