

IMAGEN

BREAST ULTRASOUND EVALUATION

Date: Patient Name: Patient Age:

Patient ID# ACCN# Ordering Provider:

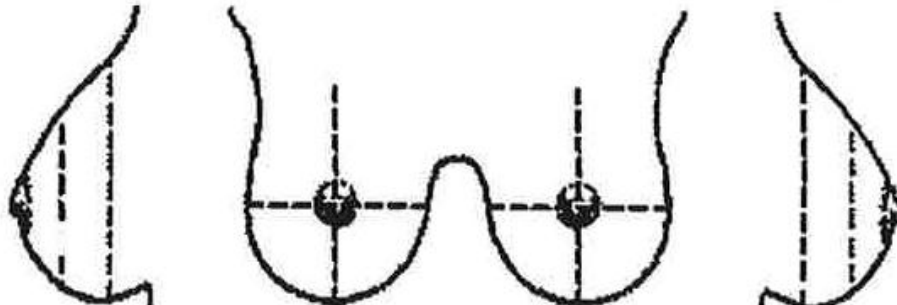
Has immediately family member had Breast Cancer? unknown Relation to Patient:

Ultrasound Findings ☐ Right ☐ Left ☐ Bilateral

DESCRIPTION	YES	NO	SPECIFICS	
Palpable Mass	☐	☐	☐ Right	☐ Left
Pain	☐	☐	☐ Right	☐ Left
Nipple Discharge	☐	☐	☐ Right	☐ Left
Prior Ultrasound	☐	☐	Date:	
Prior Surgery/Biopsy	☐	☐	☐ Right	☐ Left Date:
Prior Mammogram	☐	☐	Date:	
Mammographic Description:				

Right

Label location of finding on diagram by placing the assigned # from chart below in appropriate location.



Left

Label location of finding on diagram by placing the assigned # from chart below in appropriate location.

TODAY'S ULTRASOUND			PRIOR ULTRASOUND		
#	Location	Findings (L x H x W)	#	Location	Findings (L x H x W)
	Choose (			Choose (	
	Choose (			Choose (	
	Choose (			Choose (	
	Choose (			Choose (	
	Choose (			Choose (	
	Choose (			Choose (	

Additional Comments:

Sonographer Name:

Contact Phone Number: