IMAGEN

BREAST ULTRASOUND EVALUATION

Date: **Patient Name:** **Patient Age:**

Patient ID# **ACCN#** **Ordering Provider:**

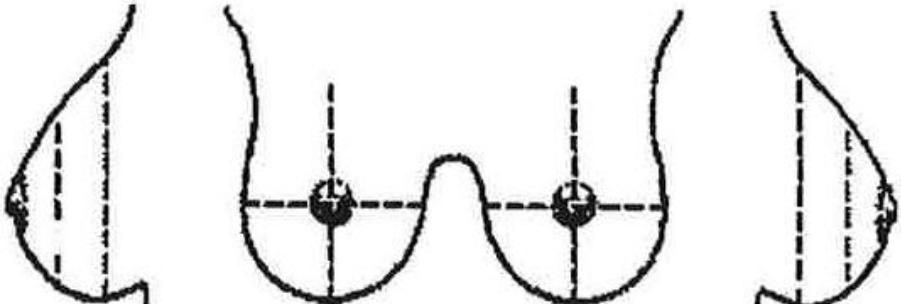
Has immediately family member had Breast Cancer? unknown **Relation to Patient:**

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:**