Marita Acheson, MD

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EASTSIDE PROFESSIONAL CENTER
1810 116TH AVE NE, SUITE 101, BELLEVUE, WA 98004

BBIC
BELLADONNA BREAST IMAGING CENTER

Please see reverse for map & patient instructions.

PATIENT NAME

DATE OF BIRTH

PHONE (DAY)

PHONE (EVENING)

REFERRING PHYSICIAN/HEALTH CARE PROVIDER

PHONE

☐ SCREENING MAMMOGRAM

REQUIRED INFORMATION:

- ☐ Dominant mass (mark location)
- ☐ History of breast cancer
- ☐ Persistent and focal pain (patient can point to area of pain/pain is not cyclic in nature)
- ☐ Skin dimpling/nipple retraction
- ☐ Mastitis
- ☐ Axillary lymphadenopathy
- ☐ Implants/augmentation issue
- ☐ Other:

_____

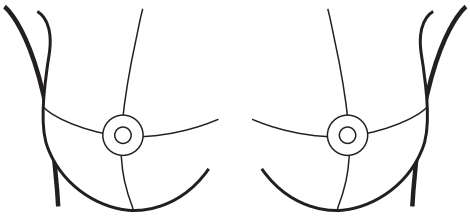
_____

_____

☐ DIAGNOSTIC EVALUATION

May include mammography, ultrasound, cyst aspiration, percutaneous core needle biopsy, FNA, galactography

PLEASE INDICATE AREAS OF CONCERN:



RIGHT LEFT

Distance from nipple: _____ cm

Measurement/size: _____ cm

REFERRING PHYSICIAN/HEALTH CARE PROVIDER'S SIGNATURE

DATE

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PATIENT CHECKLIST

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WWW

- ✓ Avoid wearing powders, deodorant, lotions or sprays.
- ✓ Wear a two-piece outfit: you will be asked to disrobe from the waist up.
- ✓ If possible, schedule your mammogram after your period to reduce breast tenderness.
- ✓ If prior mammograms were done at another facility, bring your films or images on CD, and reports with you—or have them forwarded to our office before your appointment.