

Nova Scotia Breast Screening Work-Up Form

Report Date: _____

Patient's Name: _____

Age / Date of Birth: _____

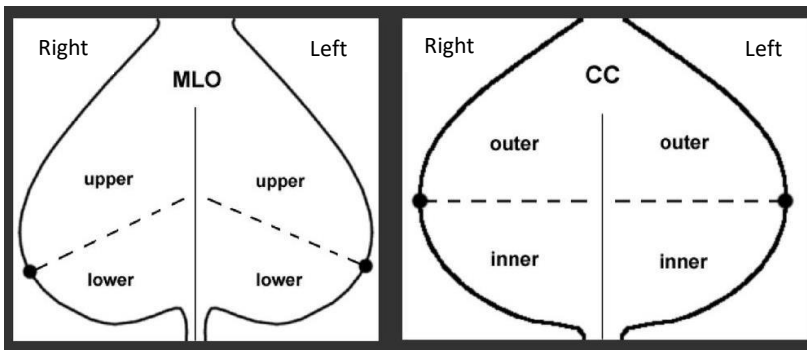
HC#: _____

Radiologist: _____

Family History: YES NO

Palpable abnormality: YES NO

One Projection Only: YES () CC view () MLO view



Degree of Suspicion:

() Low

() Moderate

() High

Recommendations for diagnostic work-up:

() Spot compressions

() Rolled CC views

() Direct to core

() 90 degree

() Rolled MLO views

() Step Oblique views

() Magnification views

() Breast Ultrasound

() Other

Radiologist Notes:

Consult to primary health care provider for:

() Axillary adenopathy: Left / Right / Bilateral