

MAMMOGRAM REFERRAL

Physician Referral Form

Name: _____

_____ Mammography: _____ Bilateral _____ Unilateral, R-L

_____ Instruction in Breast Self-Examination

Indications _____

Higher Risk Factors

- Age over 50
- Personal and/or family history of breast cancer
- Palpable breast mass
- Epithelial hyperplasia
- Age at menarch under 14
- Age at menopause over 55
- Personal history of uterine, ovarian, or colon cancer

Physician's Signature

An appointment scheduled for _____ m.

on _____