

Facility

Date of Mammogram  /  /

Patient \_\_\_\_\_

Date of Add'l View  /  /

**INFORMATION AVAILABLE at time of assessment and recommendation(s):**

Date of Ultrasound  /  /

Comparison Films  Yes  No

Physical Findings  Yes  No

**TYPE OF VIEW TAKEN** (check all that apply)

Left	Right	Both	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Routine views (MLO, CC)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnostic views (additional)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other breast imaging

**REASON FOR MAMMOGRAM**

- Screening (asymptomatic)
- Additional evaluation of recent mammogram
- Short interval follow-up
- Evaluation of breast problem (symptomatic)

Radiologist's Code     **N LOGO**

**TISSUE DENSITY**  
(check denser breast if left and right differ)

- Almost entirely flat
- Scattered fibroglandular densities
- Heterogeneously dense
- Extremely dense

**ASSESSMENT**

Left	Right	Both	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0: Needs additional imaging
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1: Negative</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2: Benign finding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3: Probably benign finding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4: Suspicious abnormality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5: Highly suggestive of malignancy

**RECOMMENDATIONS** (check all that apply)

**Next Breast Imaging**

Left	Right	Both	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Normal interval follow-up</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short term follow-up

**Immediate Work-up**

Left	Right	Both	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional views
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical exam for further evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical consult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fine needle aspiration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

**FINDINGS**

Calcification (by breast)

Left	Right	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lesions (by breast)

Left Size of lesion	<input type="checkbox"/> <5 mm	<input type="checkbox"/> 6-10 mm	<input type="checkbox"/> 11-20 mm	<input type="checkbox"/> 21-50 mm	<input type="checkbox"/> >50 mm
Right Size of lesion	<input type="checkbox"/> <5 mm	<input type="checkbox"/> 6-10 mm	<input type="checkbox"/> 11-20 mm	<input type="checkbox"/> 21-50 mm	<input type="checkbox"/> >50 mm