



4200 Fashion Square Blvd.
Saginaw, MI 48603-1247
Phone 989.797.3000 Fax: 989.799.6475

Mammography/Breast Ultrasound Referral Form

Patient Name _____

Appointment Date & Time _____

Diagnosis _____

Mammography

Reason for examination

- Screening
- Diagnostic
- Bilateral
- Unilateral
 - Left
 - Right

Ultrasound

- Bilateral
- Unilateral
 - Left
 - Right

Dexa Scan

- Osteoporosis Testing

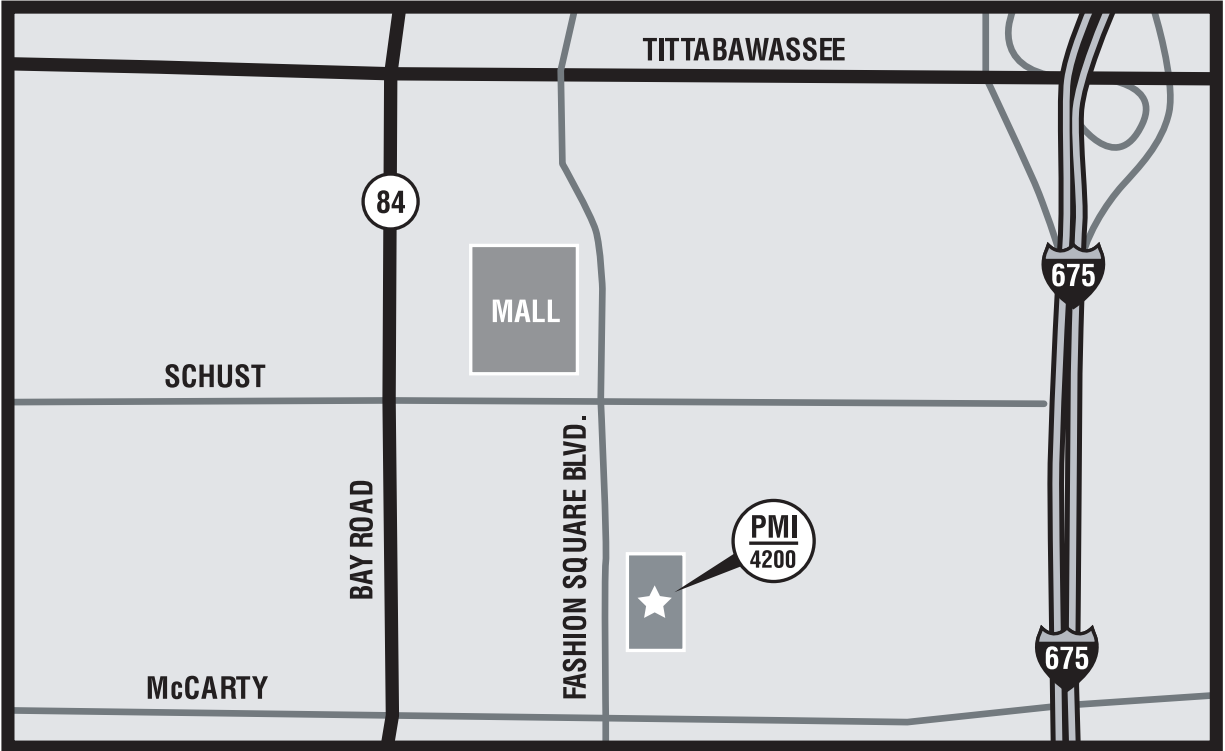
Biopsy

- Stereotactic
- Ultrasound Care
 - Left
 - Right

On the day of your examination please do not use deodorant, ointment or any preparation on the underarm area or on your breast.

Physician Name _____ Physician Signature X _____

- PLEASE BRING THIS FORM WITH YOU ON THE DAY OF YOUR APPOINTMENT ●
- IF PREVIOUS MAMMOGRAM FILMS ARE AVAILABLE, PLEASE BRING THEM WITH YOU ON THE DAY OF YOUR APPOINTMENT OR CALL US TO ASSIST. ●



4200 Fashion Square Blvd. • 989-797-3000