Washington State Department of Health

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SPOKANE REGIONAL HEALTH DISTRICT
PHONE 509-323-2851 FAX 509-324-1599
WWW.SRHD.ORG

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

IMAGING BREAST EVALUATION REPORTING FORM

Please Print Clearly **BCCHP#** **Authorization #**

REFERRAL SOURCE

CLIENT NAME (Last, First, MI)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF PROCEDURE
IMAGING FACILITY/SITE	PREVIOUS IMAGING FACILITY/DATE (COMPARISON)*	CHART NUMBER	
REFERRING CLINIC SITE		REFERRING PROVIDER NAME	

PRIMARY INSURANCE (IF THERE IS A PRIMARY INSURANCE COVERAGE, PLEASE SUBMIT EOB TO BCCHP FOR ADDITIONAL REIMBURSEMENT UP TO PROGRAM FEE SCHEDULE AMOUNT)

Name of insurance company Policy/Identification number

Type of test ordered:

Screening: ☐ Mammography ☐ MRI ***(only for high risk, prior authorization required)***

Diagnostic: ☐ R ☐ L ☐ Bilateral ☐ Mammography ☐ Ultrasound

Does client have implants? ☐ No ☐ Yes

Family history of breast cancer: ☐ No ☐ Yes, Relative type: , Age at dx:

Personal history of breast cancer: ☐ No ☐ Yes, Age at dx:

Ordering Clinician's Remarks:

Right **Left**

A mammogram (or additional mammographic views) is not sufficient evaluation of an abnormal CBE. Palpable breast masses need to be evaluated clinically and/or with additional imaging regardless of mammogram result.

FOR IMAGING FACILITY USE ONLY BELOW THIS LINE

Type of Test ☐ **Mammography** ☐ **Conventional** ☐ **Digital** ☐ **US** ☐ **MRI**

Bi-Rads Results

Mam L	Mam R	US L	US R	
☐	☐	☐	☐	**(1) Negative** – The breast(s) are symmetric with no masses, architectural distortion or suspicious calcifications present.
☐	☐	☐	☐	**(2) Benign** – There is nothing to suggest cancer; however there are benign findings that warrant reporting. No evidence of malignancy.
☐	☐	☐	☐	**(3) Probably Benign** – Short Interval Follow-up Suggested – A finding in this category has a high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would like to document its stability.
☐	☐	☐	☐	**(4) Suspicious Abnormality** – These lesions do not have specific characteristics of breast cancer but have a possibility of being malignant. The radiologist has sufficient suspicion to warrant biopsy.
☐	☐	☐	☐	**(5) Highly Suggestive of Malignancy** – These lesions have a high probability of malignancy.
☐	☐	☐	☐	**(0) Assessment is Incomplete** – Need additional evaluation. ***(Assessment Incomplete for a mammogram applies only if additional radiological studies are needed. When awaiting old mammographic films to compare with current films, DO NOT assign a result of Assessment Incomplete. Instead, check the box below indicating "obtain prior films for comparison.")****
☐	☐	☐	☐	**Technically Unsatisfactory** – Could not be interpreted (needs to be repeated)

Recom-

☐ Additional Mammographic Views
☐ Ultrasound
☐ Fine Needle Aspiration
☐ Biopsy
☐ Surgical Consult / Repeat Breast Exam
☐ Short Interval Follow-up Suggested in months
☐ Routine Screening Mammogram
☐ Obtain Prior Films for Comparison*

Comments

DIAGNOSTIC PROVIDER SIGNATURE	Print Name	Telephone Number	Date

Please FAX form to the BCCHP Prime Contractor at:

For persons with disabilities, this document is available on request in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY 711)