West Virginia Department of Health and Human Resources
Office of Maternal, Child & Family Health

West Virginia Breast and Cervical Cancer Screening Program
Radiology Report

Screening Facility: _____ WVBCCSP #: _____

Client Name (Last, First, MI): _____

Social Security #: _____-_____-_____ Date of Birth: _____ /_____ /_____

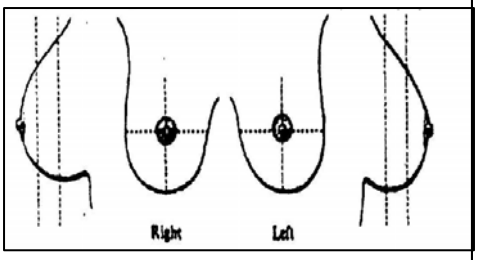
Mammography/Ultrasound Facility: _____

Comparison with previous exam: □ Yes Date of Previous Exam: _____ /_____ /_____

MAMMOGRAPHY PROCEDURES	VIEWS TAKEN
□ Additional Mam Views □ Mammogram **Date of Breast Procedure:** _____ /_____ /_____	□ Additional View in CC □ Additional View in ML □ Bilateral □ Magnification Spot □ Unilateral-Lt □ Unilateral-Rt □ Spot Compression

MAMMOGRAPHY RESULTS

□ Assessment is Incomplete, Need Additional Imaging (BIRADS 0)
□ Benign Findings (BIRADS 2)
□ Film Comparison Required (BIRADS 0)
□ Highly Suggestive of Malignancy (BIRADS 5)
□ Negative (BIRADS 1)
□ Probably Benign (BIRADS 3)
□ Suspicious Abnormality (Consider Bx) (BIRADS 4)
□ Unsatisfactory



Date of Mammogram: _____ /_____ /_____
Paid for by WVBCCSP? □ Yes □ No

ULTRASOUND RESULTS

□ Assessment is Incomplete, Need Additional Imaging
□ Benign Finding
□ Highly Suggestive of Malignancy
□ Known Biopsy-Proven Malignancy
□ Negative
□ Not Done—Other/Unknown Reason
□ Probably Benign
□ Refused
□ Suspicious Abnormality (Consider Bx)

Date of Ultrasound: _____ /_____ /_____
Paid for by WVBCCSP? □ Yes □ No

RADIOLOGIST'S RECOMMENDATIONS

□ Additional Mam Views*
□ Biopsy*
□ CBE by Consult*
□ Fine Needle Aspirate (FNA)*

Shaded boxes with an * indicate that work-up is planned.

□ Follow Routine Screening

□ MRI: *WVBCCSP does NOT reimburse for MRI**
□ Obtain Definitive Rx*
□ Repeat Mammogram Immediately*

□ Short term follow-up Mam (return in six (6) months)

□ Surgical Consult*
□ Ultrasound: *Reimbursement only when performed within one month of mammogram.**

REQUIRED SIGNATURE

Interpreting Physician's Signature:_____ Date: _____ /_____ /_____

Providing a copy of the mammography/ultrasound narrative to your WVBCCSP Tracking and Follow-up Nurse is appreciated.