RADIOLOGIST / TECHNOLOGIST EVALUATION – SHORT FORM

Shaded sections are OPTIONAL

NOTES

1. INDICATION FOR EXAM: *(check one)*
- ☐ Screening (asymptomatic)
- ☐ Evaluation of breast problem (symptomatic)
- ☐ Additional evaluation of recent mammogram
- ☐ Short interval follow-up

2. TYPE OF EXAM(S) PERFORMED:

(check all that apply)	B	L	R
Routine views (MLO, CC)			
Standard film screen	☐	☐	☐
Digital	☐	☐	☐
Both	☐	☐	☐
Diagnostic (additional) views (i.e., spot compression, magnification, other projections, etc.)			
Standard film screen	☐	☐	☐
Digital	☐	☐	☐
Both	☐	☐	☐
Ultrasound	☐	☐	☐
MRI	☐	☐	☐
Nuclear medicine	☐	☐	☐
Other breast imaging	☐	☐	☐
Other procedure(s)	☐	☐	☐

3. BI-RADS BREAST DENSITY:
(check denser breast if left and right differ)
- ☐ Almost entirely fat
- ☐ Scattered fibroglandular densities
- ☐ Heterogeneously dense
- ☐ Extremely dense

4. INFORMATION AVAILABLE AT TIME OF ASSESSMENT AND RECOMMENDATION(s):
(check one)
- ☐ Comparison films only
- ☐ Physical findings only
- ☐ Both films and findings
- ☐ Neither

5. ASSESSMENT:

	B	L	R
0: Needs additional imaging evaluation	☐	☐	☐
1: Negative	☐	☐	☐
2: Benign finding	☐	☐	☐
3: Probably benign finding	☐	☐	☐
4: Suspicious abnormality			
A: Suspicion level - low	☐	☐	☐
B: Suspicion level - moderate	☐	☐	☐
C: Suspicion level -high	☐	☐	☐
5: Highly suggestive of malignancy	☐	☐	☐
6: Known malignancy	☐	☐	☐

6. RECOMMENDATION(S): *(check all that apply)*

Next mammogram:	B	L	R
Normal interval	☐	☐	☐
Short interval	☐	☐	☐
Immediate Work-up:			
Additional views	☐	☐	☐
Ultrasound	☐	☐	☐
Clinical exam for further evaluation	☐	☐	☐
Surgical consult	☐	☐	☐
Fine needle aspiration	☐	☐	☐
Biopsy	☐	☐	☐
Other _____	☐	☐	☐

7. COMPUTER ASSISTED DIAGNOSIS TECHNOLOGY used to read: *(check all that apply)*
- ☐ Routine views
- ☐ Diagnostic views