



MAMMOGRAPHY VOUCHER

ALABAMA BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (ABCCEDP)

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Tracking Number (required)

PATIENT IDENTIFICATION

- Name: _____
(Last) (First) (Middle)
- Date of Birth: ____ / ____ / ____
(mm) (dd) (yyyy)
- Address: _____
(Street)

(City) (State) (Zip)
- Social Security Number: XXX-XX-
- Ethnicity: ☐ Hispanic ☐ Non-Hispanic
- Race (Check all that apply):
☐ White ☐ Black/African American
☐ Asian ☐ American Indian /Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ Asian/Pacific Islander ☐ Unknown
- Prior mammogram?
☐ Yes (if Yes, date ____ / ____ / ____)
☐ No
- Breast symptoms?
☐ Yes Describe _____
☐ No
- Date of clinical breast exam (CBE): ____ / ____ / ____
- Date referred (if different from CBE date): ____ / ____ / ____
- Results of CBE: ☐ Normal exam
☐ Benign findings, not suspicious for cancer
☐ Discrete palpable mass
☐ Bloody or serous nipple discharge
☐ Nipple or areolar scaliness
☐ Skin dimpling or retraction
- (Risk Score _____%)
- Type of mammogram requested:
☐ Screening* ☐ Diagnostic* ☐ Short term follow-up
*with additional views or ultrasound as needed
- ☐ Ultrasound requested ☐ Follow-up ultrasound
- Comments _____
- Referring M.D., CRNP, or PA _____
- Provider name and address _____

MAMMOGRAPHY DATA

Mammography appointment information
(Completed by primary screening provider.)

Mammography Facility _____
Appointment Date: ____ / ____ / ____ **Time:** _____

(Completed by mammography facility.)

1. Date mammogram performed: ____ / ____ / ____

2. Type of mammogram:

- ☐ Screening
☐ Diagnostic Unilateral
☐ Diagnostic Bilateral

3. Result of initial mammogram:

- ☐ BIRADS 0* Radiologic assessment incomplete (must complete #6 - Final Imaging Outcome)
☐ Need additional imaging
☐ Film comparison required

*No prior authorization by the referral provider is required. Mammography provider can perform additional mammographic views/ultrasound as needed.

- ☐ BIRADS 1 Negative
☐ BIRADS 2 Benign Finding
☐ BIRADS 3 Probably benign, recommend short term follow-up
☐ BIRADS 4 Suspicious for abnormality, consider biopsy
☐ BIRADS 5 Highly suggestive of malignancy, take appropriate action

ADDITIONAL IMAGING PROCEDURES

4. Results of additional mammographic views:

Date: ____ / ____ / ____

- ☐ BIRADS 0 ☐ BIRADS 1 ☐ BIRADS 2
☐ BIRADS 3 ☐ BIRADS 4 ☐ BIRADS 5

5. Result of ultrasound:

Date: ____ / ____ / ____

- ☐ BIRADS 1 Normal/no abnormality
☐ BIRADS 2 Benign Finding (cystic mass or fibroadenoma)
☐ BIRADS 3 Probably benign, recommend short term follow-up (indeterminate)
☐ BIRADS 4 Suspicious for abnormality, consider biopsy
☐ BIRADS 5 Highly suggestive of malignancy, take appropriate action

6. Final imaging outcome:

Date: ____ / ____ / ____

- ☐ BIRADS 1** ☐ BIRADS 2** ☐ BIRADS 3**
☐ BIRADS 4** ☐ BIRADS 5** ☐ Unsatisfactory**
☐ Additional imaging pending

**Date of final imaging should be completed

RECOMMENDATION

7. Repeat CBE/ Consultation results: Date: ____ / ____ / ____

- ☐ Refused/Not Done ☐ No intervention/routine follow-up
☐ Short term follow-up ☐ Biopsy/FNA recommended