



MAMMOGRAPHY VOUCHER

ALABAMA BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (ABCCEDP)

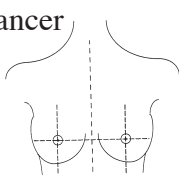
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Tracking Number (required)

PATIENT IDENTIFICATION

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

(City) (State) (Zip)
- Social Security Number: _____ - _____ - _____
- 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.)
- Date mammogram performed: ____ / ____ / ____
 - Type of mammogram:
 Screening
 Diagnostic Unilateral
 Diagnostic Bilateral
 - 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

- Results of additional mammographic views:
 Date: ____ / ____ / ____
 BIRADS 0 BIRADS 1 BIRADS 2
 BIRADS 3 BIRADS 4 BIRADS 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
- 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

- Repeat CBE/ Consultation results: Date: ____ / ____ / ____
 Refused/Not Done No intervention/routine follow-up
 Short term follow-up Biopsy/FNA recommended