

Alaska Breast Care and Surgery, LLC
 Marilyn B. Sandford, MD
 3851 Piper Street, Suite U-462
 Anchorage, Alaska 99508

AUTOMATED BREAST ULTRASOUND
 Scheduling Phone Number
 (907) 562-6262
 Fax Number
 (907) 562-6267

Print Patient Name: (Last, First)		ABCS Use Only: Patient Acct #	Today's Date
Patient's Mailing Address		Age	Patient's Date of Birth
City	State	Zip	Ordering Clinician's Name
Telephone #	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy Results To:

Please provide a copy of the most recent mammography report, if available.

- Automated Breast Ultrasound
- Call me if further investigation is necessary.
- Okay to proceed with additional investigation as needed.

Preparation: Please do not wear deodorant, lotion, powder, or any scented products.

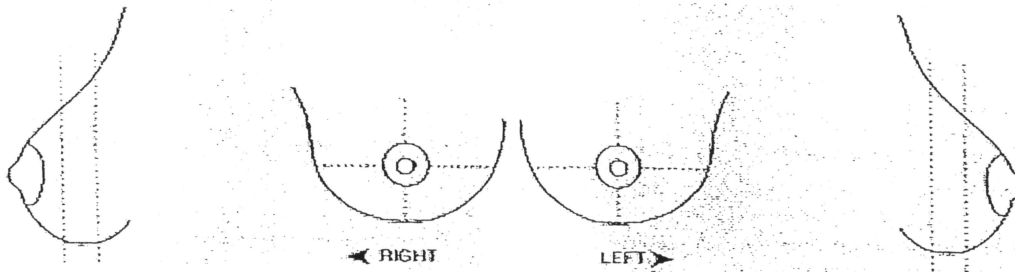
RELEVANT HISTORY

Breast Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Mammograms <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of most recent	Where was the most recent mammogram taken?
Previous Breast Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)	Type of Breast Surgery?
Previous Breast Biopsies <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)	Pathology?
Family History of Breast Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	

PRESENT COMPLAINT (Please check the appropriate indication.)

<input type="checkbox"/> Dense Breast R 92.2

PLEASE MARK KNOWN MASSES/AREA(S) OF CONCERN AND PREVIOUS INCISIONS/BIOPSIES AS APPROPRIATE.



Appointment Date: _____ Time: _____