Weill Cornell Imaging

NewYork-Presbyterian Weill Cornell Medicine

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Please bring all completed forms to your appointment

(Office use)

MRI: BREAST INFORMATION FORM

Patient Name _____ D.O.B. _____ Date _____

Last menstrual cycle: _____ Last clinical breast exam:_____

Hormone replacement therapy: ☐**Yes** ☐**No**

Reason for today's examination _____

IMAGING STUDIES

Have you had any recent breast imaging studies?

Mammogram ☐**Yes** ☐**No** Date _____ Location _____

Ultrasound ☐**Yes** ☐**No** Date _____ Location _____

MRI ☐**Yes** ☐**No** Date _____ Location _____

Do you have the films with you today? ☐**Yes** ☐**No**

Which Breast? ☐**Right Breast** ☐**Left Breast**

Date _____ Place _____

Outcome* _____ *Benign or Malignant

Do you have a current diagnosis of breast cancer? ☐**Yes** ☐**No** **If Yes:** ☐**Right Breast** ☐**Left Breast**

Do you have a history of breast cancer? ☐**Yes** ☐**No** **If Yes:** ☐**Right Breast** ☐**Left Breast**

Have you had lymph nodes removed? ☐**Yes** ☐**No** **If Yes:** ☐**Right Breast** ☐**Left Breast**

Do you have implants? ☐**Yes** ☐**No** **If Yes,** please indicate: ☐Silicone ☐Saline

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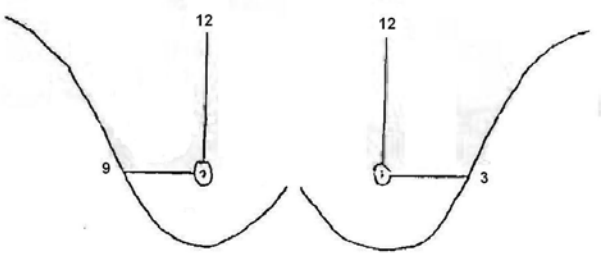
(FOR OFFICE USE ONLY)

Per _____ Gadolinium Dose _____ ml



Right ☐ Left ☐

Wet Reading

_____

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