



St. John Providence Health Breast Care Program "Because We Care"

West Side Mammography Referral Form

(For Uninsured Women Under 40 years of age)

Name: (Last, First, MI): _____ Date of Birth: _____

Today's Date _____ Physician Signature (**REQUIRED**): _____

Reason for Visit: _____ OR ICD9 code _____

Additional Physician to Receive Report: _____

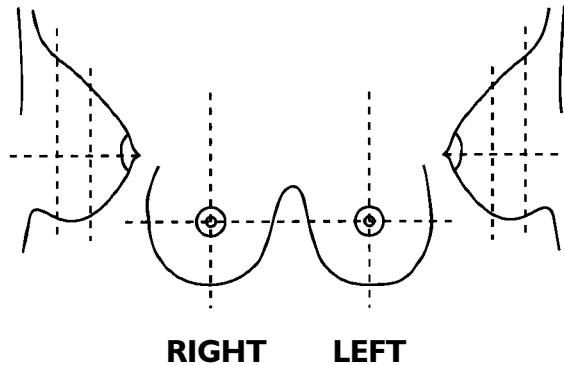
Exam Date: _____ Exam Time: _____ AM/PM (*Please specify facility on the reverse side*)

- Screening Mammography
- Diagnostic Mammography
- Ultrasound
- Unilateral L R
- L R

PROCEED TO ULTRASOUND IF RADIOLOGIST FEELS APPROPRIATE

MUST FIT INTO CATEGORY:

- Strong Family History
- Tested Positive BRCA 1 Or BRCA 2
- Prior History Ovarian or Breast Cancer
- Palpable Abnormality
- Discharge
- Previous Abnormal Mammogram within the last 2 years



Has patient had a previous mammogram? Yes No Date: _____ Location: _____

It is important to bring comparison mammograms with you the day of the exam if last done at a facility outside the St. John Providence Health System. Failure to do so could result in delays of your final report.

**Because We Care
WESTSIDE**

MAMMOGRAPHY PATIENT INFORMATION:

Please take time to read this very important information below.

Because every woman's breast tissue is different, on occasion the radiologist will need additional views to give optimal interpretation of your mammogram. You may be called back for additional views or an ultrasound exam by the mammography department. This should NOT be cause for alarm and does not necessarily indicate an abnormal exam.

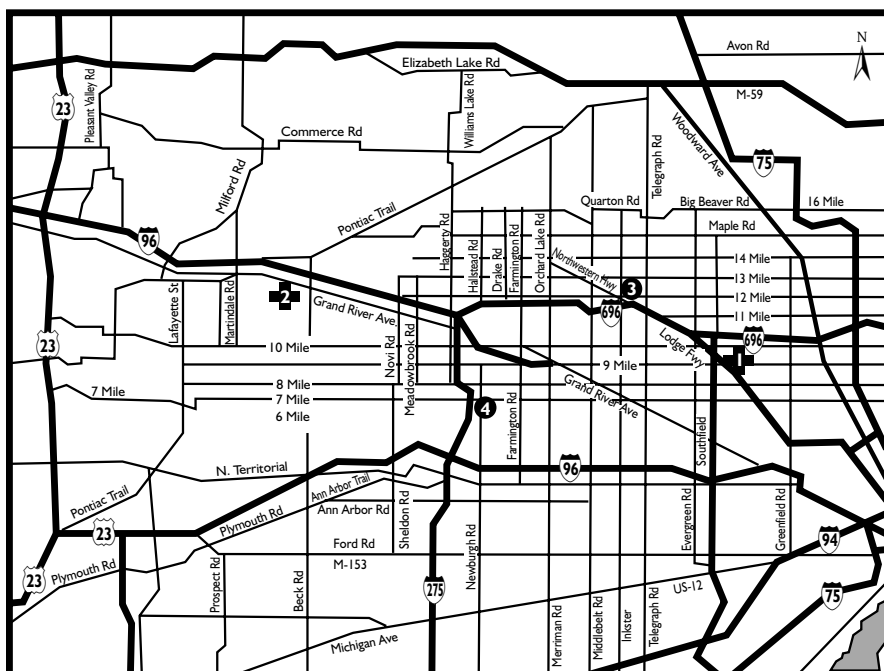
There are many common benign (non-cancerous) images seen on the initial screening that require further investigation. Some of these are cysts, calcifications, overlapping glandular tissue and lymph nodes, to name a few.

We realize that being called back creates a lot of anxiety and fear. That is not the intent of the Mammography Department. The major benefit of having any questionable area investigated is to reassure you and your doctor that what was seen on the original mammogram is a normal appearance for you and not something more serious.

PREPARATION INSTRUCTIONS:

1. Please bring your previous films if not done at this site, (or any other St. John Health System facility).
2. If there is any possibility that you might be pregnant, inform both your doctor and staff at the site.
3. For your personal comfort, schedule your screening mammogram one week after the start of your menstrual cycle.
4. If you take replacement hormones and have "resting" days, schedule your appointment around the day the medication is resumed.
5. On the day of your appointment, do not use perfume, powder or deodorant in the breast or underarm area.
6. For your convenience, please wear a two-piece outfit to your appointment.

Westside Breast Imaging Facilities



Please check appropriate facility!



Providence Hospital

22250 Providence Drive Southfield, MI 48075
 General Information Number: 248- 849-3901
 Appointment Telephone: 248-849-5421
 MRI Scheduling: 248-849-3476
 Digital Mammography, Ultrasound, MRI
 Stereotactic Biopsy, Bone Density, Ductograms



Providence Park Hospital

47601 Grand River Avenue Novi, MI 48374-3226
 Appointment Telephone: 248-465-4120
 General Information Number: 248-465-4371
 Digital Mammography, Ultrasound,
 Stereotactic Biopsy, Bone Density, Ductograms



Providence Medical Center Farmington Hills

30055 Northwestern Hwy. Farmington Hills, MI 48334
 Telephone: 248-865-4111
 Digital Mammography



Providence Mission Health Center Livonia

37595 Seven Mile Rd. Livonia, MI 48152-1003
 Telephone: 734-432-7750
 Mammography, Ultrasound

Toll Free Number: 877-MAM-XRAY

WEBSITE: stjohn.org/breastcare

Designates 24-hour service