

# RADIOLOGIST / TECHNOLOGIST EVALUATION – LONG FORM

Shaded sections are **OPTIONAL**

**NOTES**

**5. INFORMATION AVAILABLE AT TIME OF ASSESSMENT AND RECOMMENDATION(S):**  
(check one from each group)

Comparison films:  No films    No changes  
 Significant changes  
 Films not comparable

Physical findings:  Not available  
 Available, no findings noted  
 Available, findings noted

**1. INDICATION FOR EXAM:** (check one)

- Screening (asymptomatic)
- Evaluation of breast problem (symptomatic)
- Additional evaluation of recent mammogram
- Short interval follow-up
- Other procedures

**2. TYPE OF EXAM(S) PERFORMED:**

(check all that apply)

	B	L	R
Routine views (MLO, CC)			
Digital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomosynthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic (additional) views (i.e., spot compression, magnification, other projections, etc.)			
Digital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomosynthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other breast imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. OTHER PROCEDURES PERFORMED:**

(check all that apply)

	B	L	R
Needle localization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyst aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine needle aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ductogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. BI-RADS Breast density:**

(check denser breast if left and right differ)

- Almost entirely fat
- Scattered fibroglandular densities
- Heterogeneously dense
- Extremely dense

**6. ASSESSMENT:**

	B	L	R
0: Needs additional imaging evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1: Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2: Benign finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3: Probably benign finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4: Suspicious abnormality			
A: Suspicion level - low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Suspicion level - moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Suspicion level -high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5: Highly suggestive of malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6: Known malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. RECOMMENDATION(S):** (check all that apply)

	B	L	R
<b>Next mammogram:</b>			
Normal interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return at age 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return at age 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Immediate Work-up:**

Additional views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical exam for further evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine needle aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. COMPUTER ASSISTED DIAGNOSIS**

**TECHNOLOGY used to read:** (check all that apply)

- Routine views
- Diagnostic views