

**SWEDISH BREAST CENTERS**

- |  |  |
|--|--|
| <input type="checkbox"/> Ballard (5300 Tallman Ave. N.W.)    | <input type="checkbox"/> First Hill (1101 Madison)       |
| <input type="checkbox"/> Cherry Hill (1600 E. Jefferson St.) | <input type="checkbox"/> Issaquah (751 N.E. Blakely Dr.) |
| <input type="checkbox"/> Edmonds (7320 216th St. S.W.)       |  |

**ADDITIONAL SWEDISH SCREENING LOCATIONS**

- |   |  |
|---|--|
| <input type="checkbox"/> Redmond (18100 N.E. Union Hill Rd.)                          | <input type="checkbox"/> Mill Creek [Everett] (13020 Meridian Ave. S.) |
| <input type="checkbox"/> Mobile Mammography (for locations, please call 206-320-2885) |  |

# Appointment Scheduling Information

Patient \_\_\_\_\_

Date of birth \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Referring provider \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Additional reports to \_\_\_\_\_

Location/Date of previous breast-imaging (mammo, U/S, MRI) \_\_\_\_\_

Appointment Information	
Day	_____
Date	_____
Time	_____

**Check Evaluation Requested:**

- Routine screening mammogram (no problems)
- Diagnostic imaging evaluation for breast problem.  
(This evaluation may include any or all of the following: mammography, ultrasound, galactography, aspiration or percutaneous needle biopsy.)
- Breast ultrasound
- Short interval follow-up for previous abnormality
- Galactography/Ductography
- Percutaneous needle biopsy
- Consultation/second opinion
- Other (specify) \_\_\_\_\_

**Clinical Information**

\_\_\_\_\_

\_\_\_\_\_

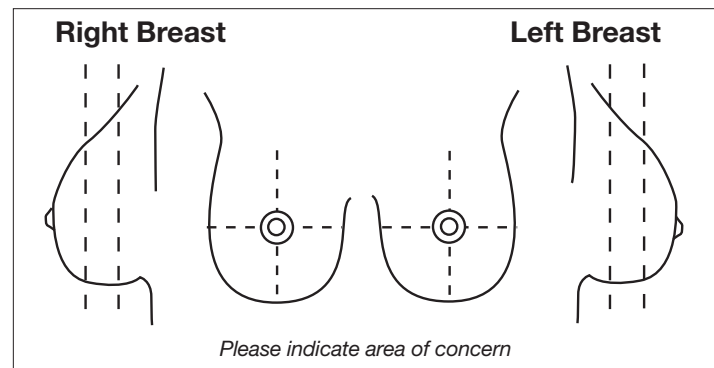
\_\_\_\_\_

Date of last clinical breast exam \_\_\_\_\_

**PROVIDER'S STAFF OFFICE:** If your patient needs language translation services or has any other special needs, please let us know.

**Prior to your appointment and for your convenience, please:**

- Bring this referral form, photo ID and insurance information with you to your appointment.
- Please provide facility with location of prior mammograms so they may be obtained prior to your appointment.
- Wear a two-piece outfit.
- Allow one hour for a routine exam and two hours for a diagnostic work-up.
- Do not use deodorants or powder on breasts or underarms prior to examination.
- Arrive 10-15 minutes prior to your appointment time for check-in.



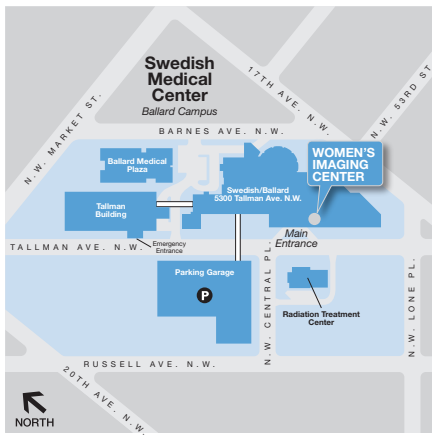
**Note:** If your patient should need a surgical consultation on the basis of this work-up, may we arrange for her to see the first available Swedish surgeon or should we call you for a referral?

- Yes, arrange for the first available surgeon
- No, call me for a referral

Referring provider signature \_\_\_\_\_

*Maps on reverse side.*

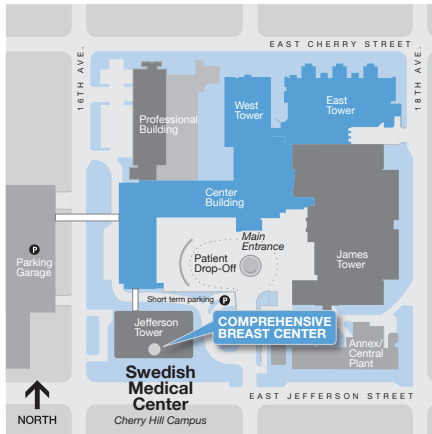




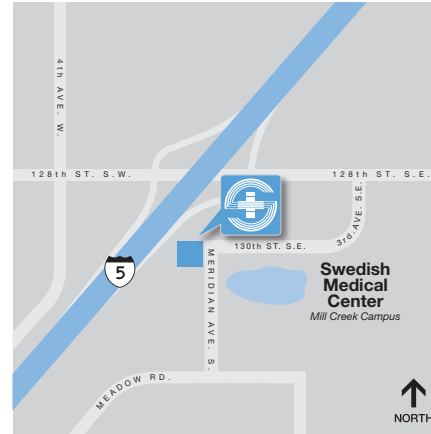
**Ballard  
Women's Imaging Center**  
5300 Tallman Ave. N.W.  
Women's Imaging  
(2nd Floor)  
Seattle, WA 98107  
T 206-781-6349  
F 206-781-6020



**Issaquah  
Swedish Imaging**  
751 N.E. Blakely Dr.  
Issaquah, WA 98029  
T 425-313-5400  
F 425-313-5401



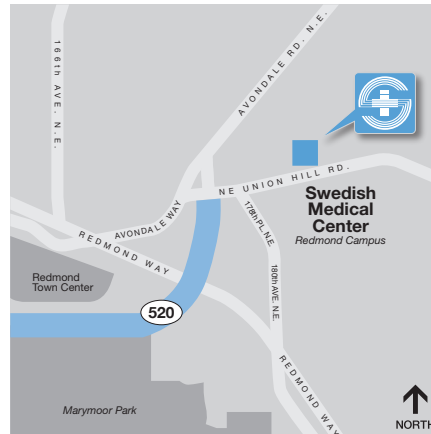
**Cherry Hill  
Comprehensive  
Breast Center**  
1600 E. Jefferson St.,  
Suite 300 (3rd Floor)  
Seattle, WA 98122  
T 206-320-4800  
F 206-320-4291



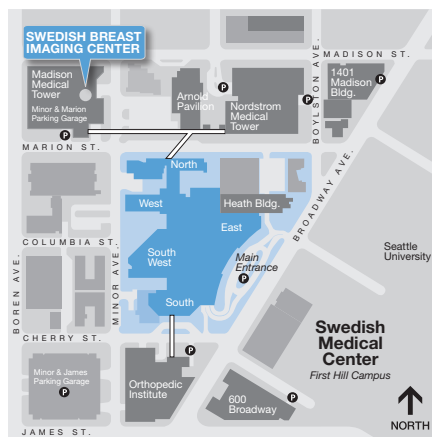
**Mill Creek (Everett)  
Swedish Mill Creek  
Campus**  
13020 Meridian Ave. S.  
Everett, WA 98208  
T 425-357-3920



**Edmonds  
Swedish Edmonds  
Breast Center**  
7320 216th St. S.W.  
Edmonds, WA 98026  
T 425-640-4260  
F 425-673-3948



**Redmond  
Swedish ER and  
Specialty Center**  
18100 N.E. Union Hill Rd.  
Redmond, WA 98052  
T 425-498-2031



**First Hill  
Swedish Breast Imaging  
Center at First Hill**  
1101 Madison St.,  
Suite 310 (3rd Floor)  
Seattle, WA 98104  
T 206-215-8100  
F 206-386-3777



**SWEDISH**  
www.swedish.org