SWEDISH

SWEDISH BREAST CENTERS

☐ Ballard (5300 Tallman Ave. N.W.) ☐ First Hill (1101 Madison)
☐ Edmonds (7320 216th St. S.W.) ☐ Issaquah (751 N.E. Blakely Dr.)

ADDITIONAL SWEDISH SCREENING LOCATIONS

☐ Redmond (18100 N.E. Union Hill Rd.)
☐ Mill Creek [Everett] (13020 Meridian Ave. S.)
☐ Mobile Mammography (for locations, please call 206-320-2500)

PATIENT LABEL

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)

_____

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.

Appointment Information

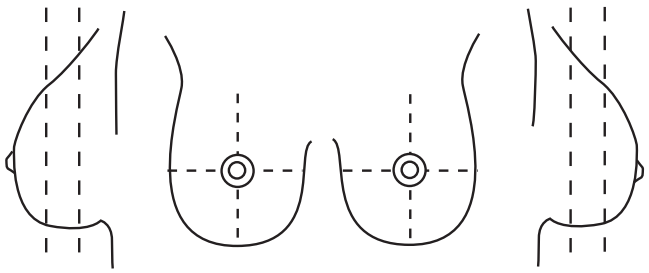
Day _____

Date _____

Time _____

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.



Please indicate area of concern

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?

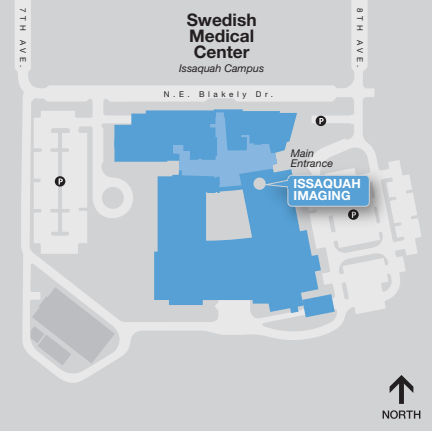
☐ Yes, arrange for the first available surgeon
☐ No, call me for a referral

Referring provider signature _____

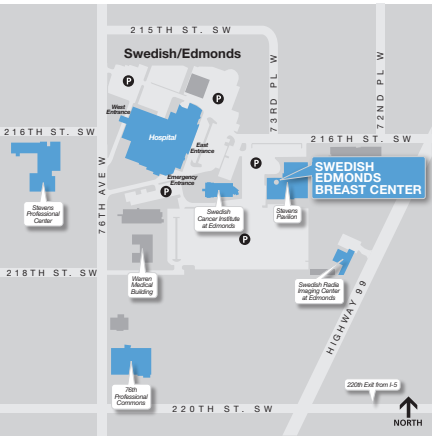
Date _____ Time _____

Maps on reverse side.

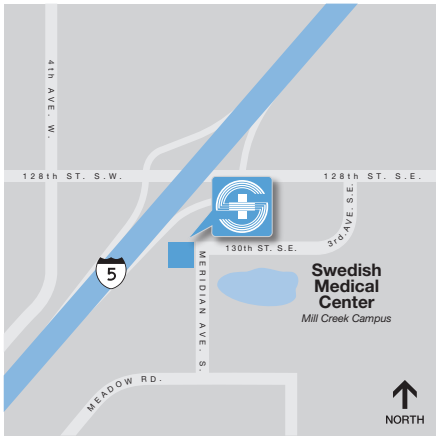
Ballard
Swedish Ballard Breast Center
5300 Tallman Ave. N.W.
(2nd Floor)
Seattle, WA 98107
T 206-781-6349
F 206-781-6020



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



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



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

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

Redmond
Swedish Redmond Campus
18100 N.E. Union Hill Rd.
Redmond, WA 98052
T 425-498-2031

SWEDISH
Extraordinary care. Extraordinary caring.℠

www.swedish.org

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