

SWEDISH BREAST CENTERS

- Ballard (5300 Tallman Ave. NW) First Hill (1101 Madison St.)
 First Hill (515 Minor Ave.) Edmonds (7320 216th St. SW)
 Issaquah (751 NE Blakely Drive)

ADDITIONAL SWEDISH SCREENING LOCATIONS

- Bellevue (1200 112th Ave. NE, Suite B250)
 Mill Creek (13020 Meridian Ave. S., Everett)
 Redmond (18100 NE Union Hill Road)
 Mobile mammography (for locations, please call 206-320-2500)



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 the requested evaluation:

- Routine screening mammogram (no problems)
 Diagnostic imaging evaluation for breast problem (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) _____

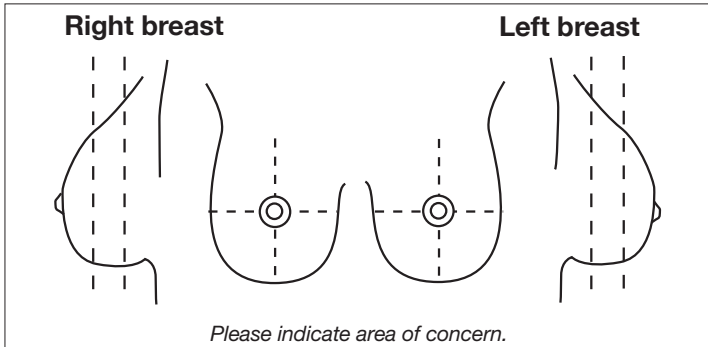
Clinical information

 Date of last clinical breast exam _____

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


Before your appointment, please plan for the following.

- Bring this referral form, photo ID and insurance information with you to your appointment.
- Provide the facility with the location of any prior mammograms so they may be obtained before 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 before 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 _____
 Date _____ Time _____

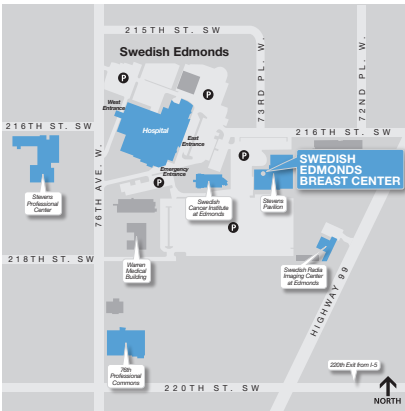
Maps are on the reverse side.



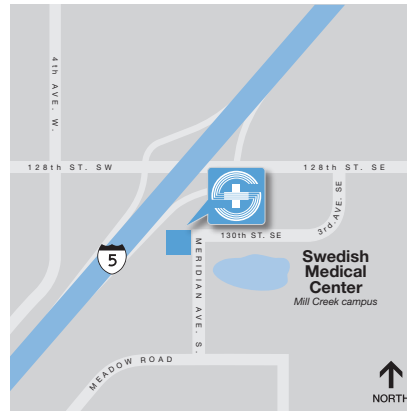
**Ballard
Swedish Ballard
Breast Center**
5300 Tallman Ave. NW
(2nd floor)
Seattle, WA 98107
T 206-781-6349
F 206-781-6020



**Issaquah
Swedish Imaging**
751 NE Blakely Drive
Issaquah, WA 98029
T 425-313-5400
F 425-313-5401



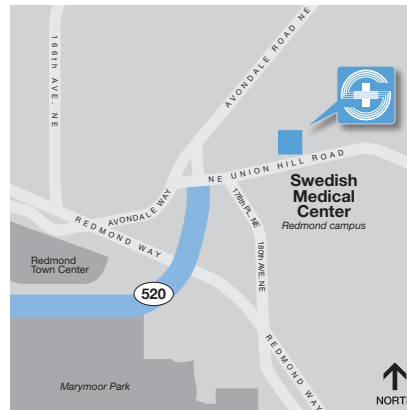
**Edmonds
Swedish Edmonds
Breast Center**
7320 216th St. SW
Edmonds, WA 98026
T 425-673-3930
F 425-673-3948



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



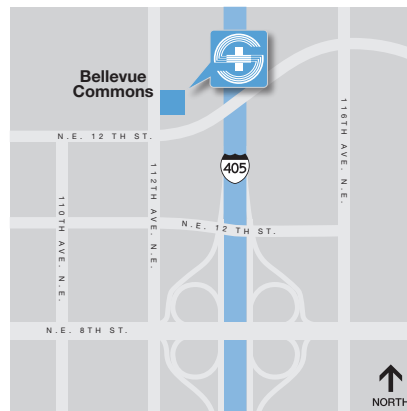
**First Hill
Swedish Breast Imaging
Center at First Hill**
1101 Madison St.,
Suite 310 (3rd floor)
Seattle, WA 98104
T 206-215-8100
F 206-386-3777



**Redmond
Swedish Redmond
campus**
18100 NE Union Hill Road
Redmond, WA 98052
T 425-498-2031



**First Hill
Swedish Center for
Comprehensive Care**
515 Minor Ave.
Seattle, WA 98104
T 206-386-9699
F 206-386-9529



Bellevue Commons
1200 112th Ave. NE.,
Suite B250
Bellevue, WA 98004
T 425-394-1650
F 425-394-1651



Swedish Health Services and its affiliates do not discriminate on the basis of race, color, national origin, sex, age or disability in their health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)