

**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)



# 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**

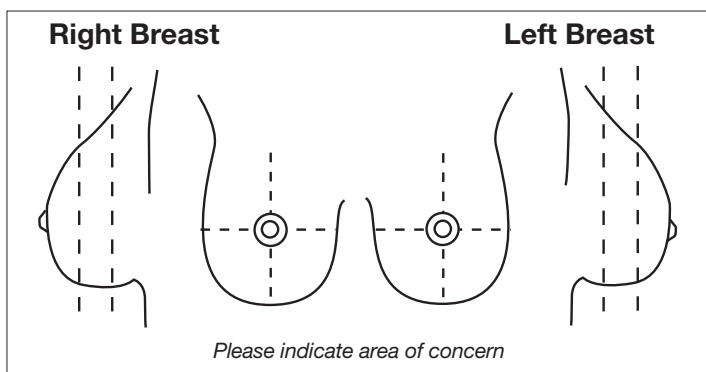
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date of last clinical breast exam \_\_\_\_\_

**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.



**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

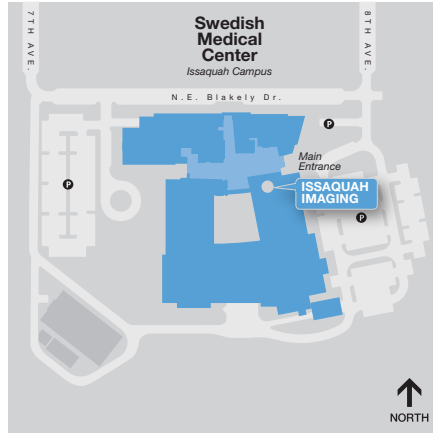
Referring provider signature \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_

*Maps on reverse side.*

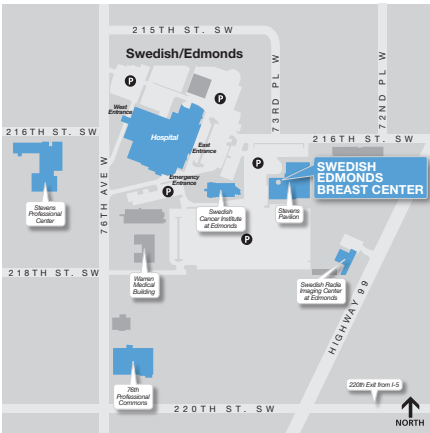




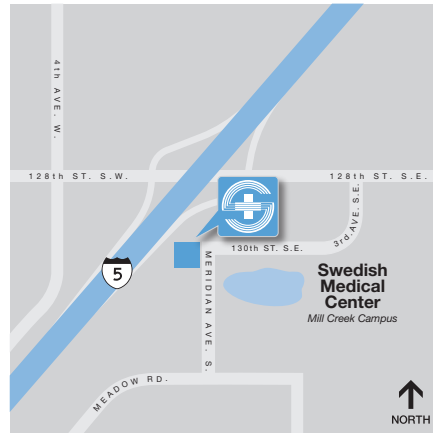
**Ballard  
Swedish Ballard  
Breast Center**  
5300 Tallman Ave. N.W.  
(2nd Floor)  
Seattle, WA 98107  
T 206-781-6349  
F 206-781-6020



**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



[www.swedish.org](http://www.swedish.org)