



Permohonan untuk Mammografi

(isi dalam dua salinan)

1. Nama:		2. IC No. and Type:		3. XRAY No.:					
4. Address:				5. Tel No:					
6. Age:		7. Race:		8. Married/Single:					
9. Ward/Clinic:				11. Date of appointment:					
10. Reason for Examination (Please tick)									
Mammogram		<input type="checkbox"/>		Ductogram					
Stereotactic Biopsy		<input type="checkbox"/>		Hookwire localization					
12. Menarche age: years old		13. Menopause:		14. LMP:					
15. No of Children			16. Any family history of breast cancer?						
<table border="1"> <thead> <tr> <th>Ages</th> <th>Breast-Fed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>			Ages	Breast-Fed			If any, relationship: Age of onset/detection:		
Ages	Breast-Fed								

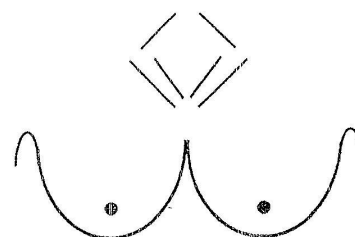
17. Presenting problems	Right/Left	Remarks
Lump in Breast		
Nipple discharge		
Nipple retraction		
Discomfort/tenderness/pain		
Axillary nodes swelling		
Previous breast surgery/trauma		

18. Relevant Personal	Yes/No	Remarks
Personal history of cancer breast		
HRT		
Birth Control Pills		
Any previous Mammogram?		

Clinical findings:

Requesting Specialist:

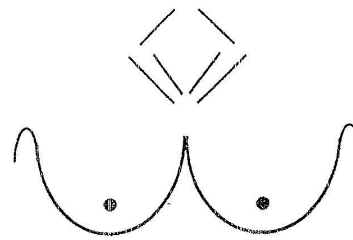
Signature & name stamp



Radiographer's Findings:

Please note any:

- Scar:
- Mole:
- Lump:
- Folds:
- Nipple retraction:



Views Taken:

No of Films:

Name / signature of radiographer :

Breast Imaging Reporting And Data System (BIRADS)

BI-RADS 1	No Findings	Risk of cancer 0%
BI-RADS 2	Benign Findings	Risk of cancer 0%
BI-RADS 2	Probably Benign Findings	Risk of cancer <2%
BI-RADS 4	Probably Malignant Findings	Risk of cancer 30%
BI-RADS 5	Highly Suspect Findings	Risk of cancer 95%
BI-RADS 6	Histologically Verified Cancer	

Source : Mammography Casebook-100 studies in Breast Imaging Fischer and Baum - Thieme - (2006)

Radiologist's Report:

Findings:

Impression:

Radiologist:

Date:

Disclaimer : The false-negative rate of mammography is approximately 10% . Management of a palpable abnormality must be based upon clinical grounds