Eastern Radiologists INC.
Breast Imaging Network

Date of Exam_____ERI XRAY #_____

Name_____ Age_____ DOB_____

Height_____ Weight_____ Bra Size_____

Patient History

Breast Biopsy Left Right Quadrant/Location_____
Surgical Needle Date_____
Results_____

Breast Imaging Mammogram
MRI should not be done without a current mammogram
(within the last 3 months)
Location(Facility)_____
Date_____

Ultrasound
Location(Facility)_____
Date_____

Other(exam)_____ Date_____ Result_____

Menstrual History Date of last period_____ Days in one cycle_____

Hormone Treatment_____Birth Control_____ Fertility Drugs_____

Breast Cancer Left Right Date Diagnosed_____
Treatment_____

Family History of Breast Cancer? Yes No
If Yes: Mother_____ Age_____
Sister_____ Age_____
Grandmother_____ Age_____
Maternal Aunt_____ Age_____

Have you had breast implants?(If yes, please circle) Silicone Saline

What is the specific information to be gained by MRI?

_____
_____
_____

Patient Signature_____ Technologists_____