



PH#: (603) 653-3500

COMPREHENSIVE BREAST PROGRAM
PATIENT REFERRAL FORM

FAX #: (603) 653-3502

Patient Information:

Name:	(H)	Address:
MRN #	(W)	
Date of Birth:	(C)	

Provider Information:

Provider Name:	Contact Person:
Staff Physician if different than above:	:

Management of Care:

Additional Info:

- Evaluate and treat at DHMC
- We/the patient would like a 2nd opinion only.
- Please assume a subset of care:
Specify: _____

Service/Appointment Requested (check all that apply):

- Mammogram/ultrasound & follow-up breast exam
- Second opinion on mammograms
- Biopsy (DHMC mammogram review required)
- Second opinion on films/scans
- Genetic testing/counseling/risk assessment
(Please call Familial Cancer Program (800) 251-0097)

- Consultation with:
- Breast Surgeon
 - Plastic Surgeon
 - Medical Oncologist
 - Radiation Oncologist

Presenting Symptom/Diagnosis:

- Left Breast Right Breast Both
Please mark location on diagram ►

- Abnormal Mammogram
- Breast Lump: Location _____ cm from nipple _____
- Skin Changes (describe):
- Nipple Discharge (circle color) Black/Brown Red Tan Green Yellow Milky Clear
- New Diagnosis of Breast Cancer L R Type _____
- Prior Diagnosis of Breast Cancer L R Year of Diagnosis: _____ Type: _____
- Family History of Breast Cancer Relation to patient _____ Age at dx (if known) _____
- Family History of Ovarian Cancer Relation to patient _____ Age at dx (if known) _____



Previous treatment:	Dates (mm/yy) and Location(s) of Treatment
<input type="radio"/> Mammogram/Ultrasound (Important -- Please list all facilities where last three mammograms have been done, and specify approximate dates)	
<input type="radio"/> Biopsy - Diagnosis?	
<input type="radio"/> Surgery - Type?	
<input type="radio"/> Chemotherapy	
<input type="radio"/> Radiation therapy	
<input type="radio"/> Other:	

Information Required:	Send To:
All office and treatment notes, mammo and ultrasound reports, pathology reports, labs – current / prior diagnosis	Fax # 603-653-3502
Films: mammograms (last 3 available), MRI's, ultrasounds, scans	Mammo review, DHMC, 1 Med Center Dr, Lebanon, NH 03756
Pathology slides for general surgery or medical oncology referrals.	Attn: Wendy Wells, Pathology, DHMC, 1 Med Center Dr, Lebanon, NH 03756