Dartmouth Health | Dartmouth Geisel School of Medicine

Dartmouth Cancer Center

Phone: (603) 653-3500
Fax: (603) 640-1909

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? ❑ No ❑ Yes Language:_____

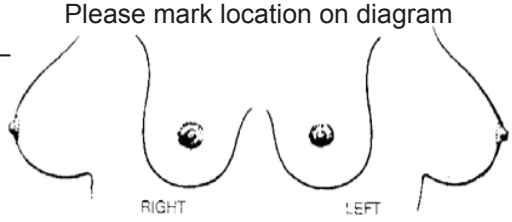
Health Insurance: _____Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Comprehensive Breast Program

Presenting Symptom/Diagnosis:

❑ Left Breast ❑ Right Breast ❑ Both
Please mark location on diagram



❑ Abnormal Mammogram
❑ Breast lump right if both: Location cm from nipple _____ Size in cm _____
❑ Breast lump left if both: Location cm from nipple _____ Size in cm _____
❑ 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 diagnoseType
❑ Family History of Breast Cancer Relationship to patient _____ year od dx (if known) _____
❑ Family History of Ovarian Cancer Relationship to patient _____ year od dx (if known) _____

Mammogram/Ultrasound (Important -- Please specify approximate dates and list all facilities where last three mammograms have been done.)
Date _____ Location_____ Date _____ Location_____ Date _____ Location_____
Biopsy - Date _____ Diagnosis _____
Surgery - Date _____ Type _____
Chemotherapy - Start Date _____ End Date (if applicable) _____
Radiation therapy - Start Date _____ End Date (if applicable) _____
Other:_____

Management of Care:

❑ Evaluate and treat at DHMC
❑ Please assume a subset of care: Specify: _____
❑ We/the patient would like a Second opinion only.
❑ Familial Cancer Program (please call 653-3541)

Service/Appointment Requested (check all that apply):

❑ Mammogram/ultrasound & follow-up breast exam
❑ Biopsy (DHMC mammogram review required)
❑ Second opinion on mammograms
❑ Second opinion on films/scans
❑ Genetic testing/counseling/risk assessment (Please call Familial Cancer Program 653-3541)

Consultation with: ❑ Breast Surgeon ❑ Plastic Surgeon ❑ Medical Oncologist ❑ Radiation Oncologist Breast Specialist

Information Required

All office and treatment notes, mammo and ultrasound reports and current / prior diagnosis: Fax to: (603) 640-1909

Pathology slides for general surgery or medical oncology referrals: Mail/Ship to:
Attn: Pathology Department, DHMC, One Medical Center Dr, Lebanon, NH 03756