## Scheduling Form For Breast Lymphoscintigraphy

|  |   | Date            |                  |       |
|--|---|-----------------|------------------|-------|
| 1.   | Patient:  |                 |                  |       |
| 2.   | Sex: M F  | Time            |                  |       |
| 3.   | Date of Birth:  | Location        | North            | South |
| 4.   | Patient Phone/Beeper:                                       | _               |                  |       |
| 5.   | Patient Location: To be admitted Other:                     |                 |                  |       |
| 6.   | Physician: Physician P                                      | hone/Beeper:    |                  | _     |
| 7.   | Side of Breast Cancer(circle one): Right Left               |                 |                  |       |
| 8.   | Location of Breast Cancer(circle all that apply, usually 2) |                 |                  |       |
|  | Upper Lower Central Inner C                                 | Duter           |                  |       |
| 9.   | Size of the Breast cancer: by                               | em.             |                  |       |
| <ul> <li>A. Non palpable lesion (prior core biopsy) - Needle localization required Patient goes to the Breast Center for injection  Call Breast Center scheduler (pager 360-2712) to schedule needle localization.</li> <li>B. Prior Excisional Biopsy Patient goes to the Nuclear Medicine for injection</li> <li>C. Palpable Lesion Patient goes to Nuclear Medicine for injection</li> <li>11. Time of Surgery:  12. Type of Surgery (circle A or B): A. Complete Axillary Node Dissection B. Partial Axillary Node Dissection</li> <li>13. Location of Surgery: North Campus South Campus</li> <li>14</li> </ul> |   |                 |                  |       |
|  | Date Person completing scheduling form                      | ٦               | Telephone number |       |
| 15. Fax this form to Nuclear Medicine and call Nuclear Medicine to confirm receipt   |   |                 |                  |       |
| North Campus - Fax: 454-8254 Phone: 454-8945<br>South Campus - Fax: 362-0414 Phone: 362-1952   |   |                 |                  |       |
| To Be Completed By Nuclear Medicine  Physician to Perform the Injection:  (If patient will be injected by Breast Center page 360-2712 to confirm patient is on the Breast Center schedule)  Radiopharmacy Notified Scheduling Desk Notified  Date, time and place of injection confirmed with referring physician  |   |                 |                  |       |
|  |   |                 |                  |       |
| D  | Oate Scheduling Physician Signature                         | Staff Physician | Co-Signature     |       |

Revision Date: 30-June-1999