Scheduling Form For
Breast Lymphoscintigraphy

1. Patient: ____________________________
2. Sex: M     F
3. Date of Birth: _________________
4. Patient Phone/Beeper: ________________________
5. Patient Location: To be admitted  Other: _________________________
6. Physician: ________________________  Physician Phone/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     Outer
10. Type of Patient (circle A, B or C):
    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.
    B. Prior Excisional Biopsy
       Patient goes to the Nuclear Medicine for injection
    C. Palpable Lesion
       Patient goes to Nuclear Medicine for injection
11. Time of Surgery: _________________
12. Type of Surgery (circle A or B):
    A. Complete Axillary Node Dissection
    B. Partial Axillary Node Dissection
13. Location of Surgery: North Campus     South Campus
14. ________________________________  ________________________________  ________________________________
    Date  Person completing scheduling form  Telephone number
15. Fax this form to Nuclear Medicine and call Nuclear Medicine to confirm receipt

| North Campus - Fax: 454-8254  Phone: 454-8945 |
| 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 ☐

______________________________  ________________________________
Date  Scheduling Physician Signature

______________________________  ________________________________
M.D.  Staff Physician Co-Signature

Revision Date: 30-June-1999