Lymphoscintigraphy of the Breast
Supplemental Form

Please place a check by the appropriate answer and attach it to the radiology consultation:

Patient Name:_____________________________ MRN:_____________________

1. Is there a palpable lump? □ No □ Yes
2. Will needle localization be performed in mammography? □ No □ Yes
3. How many centimeters is the lump? □ _________cm
4. Which breast? □ Left □ Right
5. Which quadrant? □ Upper Outer □ Upper Inner □ Lower Outer □ Lower Inner
6. Surgery date? □ ____________
7. Surgery time? □ ____________

Please note: The lymphoscintigraphy procedure may take as long as three hours.

Name _________________________  Title______________________________
(Please Print)
Department_____________________  Ext.___________________________