Dartmouth-Hitchcock
NORRIS COTTON CANCER CENTER

PH#: (603) 653-3500 **FAX #: (603) 643-7311**

COMPREHENSIVE BREAST PROGRAM
PATIENT REFERRAL FORM

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:

- ○ Evaluate and treat at DHMC
- ○ We/the patient would like a 2nd opinion only.
- ○ Please assume a subset of care:
  Specify: _____
- ○ Familial Cancer Program (please call 653-3541)

Additional Info:

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 653-3541)

Consultation with:

- ○ Breast Surgeon
- ○ Plastic Surgeon
- ○ Medical Oncologist
- ○ Radiation Oncologist
- ○ Breast Specialist

Presenting Symptom/Diagnosis: ○ Left Breast ○ Right Breast ○ Both
Please mark location on diagram ►

- ○ Abnormal Mammogram
- ○ Breast Lump: 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 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***
○ Mammogram/Ultrasound (Important -- Please list all facilities where ***last three*** mammograms have been done, and specify approximate dates)	
○ Biopsy - Diagnosis?	
○ Surgery - Type?	
○ Chemotherapy	
○ Radiation therapy	
○ Other:	

Information Required:	**Send To:**
All office and treatment notes, mammo and ultrasound reports, pathology reports, labs – current / prior diagnosis	Fax # 603-643-7311
Films: mammograms (last 3 available), MRI's, ultrasounds, scans	Mammo Review, Attn: CBP DHMC, One Medical Center Dr, Lebanon, NH 03756
Pathology slides for general surgery or medical oncology referrals.	Attn: Kristen Muller, Pathology DHMC, One Medical Center Dr, Lebanon, NH 03756

 1/30/06