INFORMATION SHEET FOR POST SURGICAL BREAST MRI PATIENTS

Patient brought previous films to this appointment? Yes / No

PLEASE BE AS ACCURATE AS POSSIBLE

1. Which breast is being scanned/examined today? Circle one: RIGHT LEFT
2. Please indicate the date of surgery on that specific breast only_____
3. Date Chemotherapy began _____

   Date Chemotherapy ended_____
4. Date Tamoxifen began_____

   Date Tamoxifen ended_____
5. Date Radiation began_____

   Date Radiation ended_____
6. Is there a family history of breast cancer? Yes/No If yes, whom: _____
7. Have you had a PET scan? If yes include results_____
8. Have you had an ultrasound of the breast(s) circle one: Right Left Bilateral
9. Last mammogram date prior to surgery? _____
10. Last mammogram date after surgery? _____

Please include any reports that pertain to the above questions