



Enrollment #: _____

Imaging Summary Form

IMAGING CATEGORY		
Check only one type. If more than one type of imaging is done, complete an Imaging Summary Form for each additional type of imaging.		
<input type="checkbox"/> Screening Mammogram	<input type="checkbox"/> Additional Mammogram Views	<input type="checkbox"/> Breast Ultrasound

IMAGING INFORMATION

Client Name: _____

First, MI, Last

Facility (*where imaging completed*): _____

Name, Location

Radiology #: _____

Imaging Date: _____

MM/DD/YYYY

Type: <input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral-Left <input type="checkbox"/> Unilateral-Right	Format: <input type="checkbox"/> Digital or <input type="checkbox"/> Conventional
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RADIOLOGISTS ASSESSMENT & RECOMMENDATION	
ACR Assessment Category	⇨ Recommendation
<input type="checkbox"/> Assessment is incomplete- need additional imaging evaluation	<input type="checkbox"/> Magnification views <input type="checkbox"/> Additional projections <input type="checkbox"/> Spot compression <input type="checkbox"/> Ultrasound examination <input type="checkbox"/> Film comparison (<i>compare to prior mamm.</i>)
<input type="checkbox"/> Negative	<input type="checkbox"/> Mammogram in _____ year(s)
<input type="checkbox"/> Benign finding	<input type="checkbox"/> Mammogram in _____ year(s)
<input type="checkbox"/> Probably benign finding - short interval follow-up suggested	<input type="checkbox"/> Imaging in _____ month(s)
<input type="checkbox"/> Suspicious abnormality - biopsy should be considered	<input type="checkbox"/> Surgical consult/biopsy
<input type="checkbox"/> Highly suggestive of malignancy - appropriate action should be taken	<input type="checkbox"/> Surgical consult/biopsy

Date Dictated: _____

Comments: _____

MM/DD/YYYY



INSTRUCTIONS FOR COMPLETING THE IMAGING SUMMARY FORM

1. American Indian Cancer Foundation (AICAF) Screen Our Circle enrollment number: The enrollment number is provided by the site where the client is enrolled into Screen Our Circle and has an office visit where a clinical breast examination (CBE) and/or Pap test is done. The enrollment number will remain the same as long as the woman is eligible for Screen Our Circle. This enrollment number will be used each time a client comes in for a Screen Our Circle covered service.
2. **IMAGING CATEGORY:** Select only one type of imaging to report. If more than one type of imaging is done, report each type on a separate Imaging Summary Form using the same enrollment number. *This category must be completed or the form cannot be processed and will be returned.*
 - a. Screening Mammogram: This should be checked for a regular screening mammogram
 - b. Additional Mammographic View: This should be checked when a diagnostic mammogram follows a screening mammogram where the result was ACR category 0 or “assessment incomplete.” These are mammograms that have views in addition to the routine CC and MLO
 - c. Breast Ultrasound: This should be checked when a sonogram is done of the breast.
3. **IMAGING INFORMATION:** Only the Radiology # is optional. *All other information must be completed or the form cannot be processed and will be returned.*
4. **RADIOLOGISTS ASSESSMENT & RECOMMENDATIONS:**
 - a. ACR Assessment Category: Check the appropriate box for the result of the imaging and check only one box. *This category must be completed or the form cannot be processed and will be returned.*
 - b. Recommendation: The film comparison box should only be checked when a screening or initial mammogram ACR 0 is reported. For any imaging type, please provide the follow-up dates for ACR categories 1-3.
5. **DATE DICTATED:** please record the date the radiologist reports the results.