Mammography Radiology Report

Patient Name: _____ **DOB:** _____ **Patient ID:** _____

Date of Study: _____ **Referring Physician:** _____

Clinical Indication

_____
_____

Technique

□ Bilateral MLO and CC views
□ Additional views: _____
□ Spot compression
□ Magnification views
□ Tomosynthesis

Comparison

Previous Exams: _____

Findings

_____
_____
_____
_____

Impression

_____
_____

BI-RADS® Assessment

□ 0 Incomplete: Need Additional Imaging
□ 1 Negative
□ 2 Benign Finding
□ 3 Probably Benign
□ 4 Suspicious Abnormality
□ 5 Highly Suggestive of Malignancy
□ 6 Known Biopsy-Proven Malignancy

Recommendation: _____

Radiologist: _____
Date: _____

_____