

Weill Cornell Imaging



BREAST BIOPSY PROTOCOL

Patient Name: _____ Appointment Date and Time: _____ & _____

MRN: _____ Referring DR.: _____

Patient Phone #: _____ Referring DR's Phone NR: _____

Attempt to obtain prior imaging before scheduling biopsy? ☐ Yes ☐ No

BIRADS: 4a 4b 4c (STAT) 5 (STAT)

Number of sites: 1 2 3 4 5 6

BREAST: RIGHT x _____ LEFT x _____

BIOPSY BY: STEREO US CORE FNA MRI

ULTRASOUND:

RIGHT/LEFT _____ O'CLOCK N _____ cm

RIGHT/LEFT _____ O'CLOCK N _____ cm

RIGHT/LEFT _____ O'CLOCK N _____ cm

RIGHT/LEFT _____ O'CLOCK N _____ cm

RIGHT/LEFT _____ O'CLOCK N _____ cm

RIGHT/LEFT _____ O'CLOCK N _____ cm

Notes:

Radiologist: _____

Pre-Biopsy Workup Images Required

Mammo: ____ Left ____ Right

Tomo: Yes / NO

Full Views- 90, MLO, CC

Spot views Magnification views

Sono: ____ Left ____ Right

Limited / Complete

Quadrant Location Size

of sites

Date: _____