**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.

- [ ] Screening Mammogram
- [ ] Additional Mammogram Views
- [ ] Breast Ultrasound

**IMAGING INFORMATION**

Client Name:

First, MI, Last

Facility (where imaging completed):

Name, Location

Radiology #: 

Imaging Date: MM/DD/YYYY

**RADIOLOGISTS ASSESSMENT & RECOMMENDATION**

<table>
<thead>
<tr>
<th>ACR Assessment Category</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Assessment is incomplete- need additional imaging evaluation</td>
<td>☐ Magnification views</td>
</tr>
<tr>
<td>☐ Additional projections</td>
<td>☐ Spot compression</td>
</tr>
<tr>
<td>☐ Spot compression</td>
<td>☐ Ultrasound examination</td>
</tr>
<tr>
<td>☐ Film comparison (compare to prior mamm.)</td>
<td>☐ Film comparison (compare to prior mamm.)</td>
</tr>
</tbody>
</table>

| ☐ Negative | ☐ Mammogram in ____________ year(s) |
| ☐ Benign finding | ☐ Mammogram in ____________ year(s) |
| ☐ Probably benign finding - short interval follow-up suggested | ☐ Imaging in ____________ month(s) |
| ☐ Suspicious abnormality - biopsy should be considered | ☐ Surgical consult/biopsy |
| ☐ Highly suggestive of malignancy - appropriate action should be taken | ☐ Surgical consult/biopsy |

Date Dictated: ____________________________  Comments: 

MM/DD/YYYY

Enrollment #: __________

Imaging Summary Form

Updated: 9/3/2020
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.

Updated: 9/3/2020