1. Only mark a palpable lump with a Triangle skin marker, if the patient can pinpoint the exact location and leave on for all TOMO CC and MLO views.

2. If the patient presents with a palpable lump but only know the region or the referring physician notes the location, do not mark with a Triangle skin marker. Make your notes of the location in “Study notes” for the Radiologist and on the breast diagram.

3. If the patient presents with a palpable lump that she cannot feel or it is not indicated by the referring physician, do not mark with a triangle skin marker. Report this information to the Radiologist in Study Notes and on the breast diagram.

4. Complete the TOMO CC and MLO views for all Diagnostic exams. Compression views will be at the discretion of the Radiologist after the exam is shown.

5. A diagnostic exam is for patients with a current problem. If this is a chronic problem, do what is ordered by the referring physician.

6. If a patient presents with a new lump we are to do a Unilateral Mammogram. Even if a screening Mammo was done within the last year. Note: If the exam was less than 3 months ask the Radiologist if the exam should be repeated.

7. Show to Radiologist prior to the US exam.

ULTRASOUND FOLLOW-UP REQUESTED WITH SCREENING MAMMO

If a Breast Ultrasound is requested after a Screening Mammogram, we are to show the “Radiologist of the day” and give him/her the Breast History Sheet, as a reminder that the Screening Mammogram needs to be read with the follow-US.