



The **Breast Clinic** has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

NOTE: Please perform the following work up prior to requesting a referral and attach results to the request for referral.

- Complete breast exam with history & physical exam.
- Complete imaging with current mammograms and ultrasound.
- POST MAMMO – Complete Stereotactic or Ultrasound guided biopsy as recommended by Radiologist and provide a copy of biopsy and pathology reports.
- Patients diagnosed with breast cancer should also be referred to Medical Oncology and Radiation Oncology for consult to prevent delay in care.

1. Palpable Lesion

- Documentation of mass, size, location and completed imaging reports.

2. Suspicious/Highly Suspicious Lesion / Category 4 or Category 5

- Complete biopsy with pathology report.

3. Simple Cyst

- Documented aspiration by PCP with fluid that appears bloody or clear.

4. Nipple Discharge

- Documented nipple discharge that appears bloody or clear.

The following conditions will not be seen:

- Mastalgia / Breast Pain
- Mastitis
- Cellulitis
- Simple Cyst with fluid that appears green or milky white
- Nipple discharge that appears green or milky white
- Medical Imaging reports that are Categories 0, 1, 2 or 3

Patient's that reside in Riverside County should follow up at Riverside County Regional Medical Center.