

### 3D - ULTRASOUND EXAMINATION OF THE BREAST - INFORMATION FORM

To ensure patient safety and for maximum informativeness of the breast examination, please answer the questions below as accurately as possible. The examination is performed by a radiographer trained in the method.

Name \_\_\_\_\_ Identification number \_\_\_\_\_

Previous mammography/ultrasound examination (place, time, examination performed) \_\_\_\_\_

Previous breast needle sample (place, time, which breast) \_\_\_\_\_

I have (circle)

- pacemaker or heart rhythm monitor Yes No
- a drug port in the chest area or a neurostimulator Yes No

An obstacle to a 3D ultrasound examination of the breasts is a pacemaker, a heart rhythm monitor, a drug port in the chest area, and a neurostimulator. Please discuss the continuation with the staff if you have any of the above.

- performed breast surgeries Yes No
  - if yes, location and time of surgery, which breast \_\_\_\_\_
- confirmed breast cancer Yes No
  - if yes, place and time of examination, which breast \_\_\_\_\_
  - if yes, are you still being controlled (location) \_\_\_\_\_
- doctor's referral Yes No
- symptoms in the chest or chest area Yes No
  - if yes, please describe what kind and which breast \_\_\_\_\_
  - if yes, mark the location on the picture \_\_\_\_\_
  - if not, describe the reason for the examination \_\_\_\_\_

RIGHT BREAST

LEFT BREAST

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the breast is completely removed and a structural breast has not been done, we do not perform a 3D ultrasound examination on the removed side due to a possible incomplete examination result. Breast implants are no obstacle to examination.

X-ray examination (mammography) is not performed during pregnancy.

I am pregnant Yes No

With my signature, I confirm that I have familiarized myself with the Arvo Terveys privacy policy ([www.arvoterveys.fi](http://www.arvoterveys.fi)) and that I agree to order my previous mammography images from another operator for possible image comparison. The information in the form is stored in the Arvo Terveys patient information system.

Date \_\_\_ / \_\_\_ 20\_\_

\_\_\_\_\_  
 Signature