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Patient NameDate of Birth				
Patient Phone		Email		
Referring Physician Name	e			
Referring Physician Signa		Date		
Patient History:				
		R		
 □ Screening Digital Mammogram □ Change to diagnostic, as needed □ Screening breast ultrasound, if dense breast tissue 				
☐ Screening Bilateral Breast Ultrasound for Dense Tissue				
☐ Diagnostic Digital M	lammogram	Right	Left	Bilateral
☐ Diagnostic Breast U	Iltrasound	Right	Left	Bilateral
☐ Ultrasound Guided	Core Biopsy	Right	Left	Bilateral
☐ Ultrasound Guided Cyst Aspiration		Right	Left	Bilateral