

Cody Gunn, MD FACS
Ashley Ray, MD



658 N. Chase St. Suite 201
Athens, Georgia 30601
Phone: 762.356.4780
Fax: 706.608.7597

Physician Referral Form

Patient Name: _____ DOB: _____ Date: _____

Appointment Date _____ Time _____ Referring Physician _____

Practice Name: _____ Referring Physician Telephone# _____

Diagnostic Imaging Evaluation
(Diagnostic Mammogram, Ultrasound, and Biopsy if indicated) :

- Abnormal Mammogram
- Palpable mass or lump
(indicate location on diagram)
- Nipple discharge
- Skin or Nipple changes
- Focal Breast pain
- Suspected infection/abscess
- Metastatic cancer, unknown primary
- Implant integrity
- Other _____

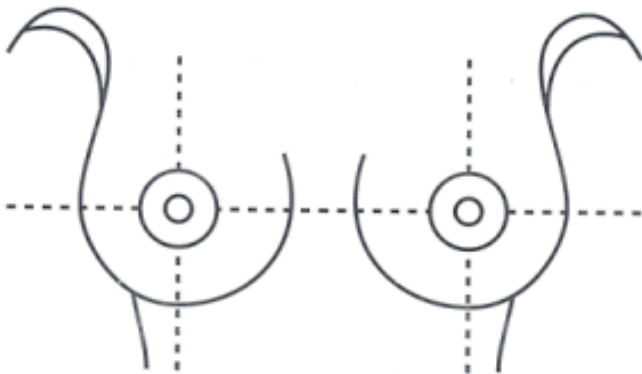
Date of Last Mammogram: _____

** It is very important that the patient brings or has sent to us their previous mammograms for comparison. Diagnostic imaging evaluation may not occur if prior images are not available. If this is not possible, the patient should bring the information regarding where the previous mammogram was performed so that we can request them.

- Screening Mammogram**
 - To include diagnostic imaging evaluation as indicated
 - Refer to high-risk clinic if indicated

- Reason for Exam**
 - Annual screening mammogram
 - High Risk screening

Notes:



Patients will be scheduled to see a provider at our UCBC Comprehensive Breast Program when indicated for clinical management.

PLEASE CALL IF YOU HAVE ANY QUESTIONS (762) 356-4780

Please bring prior breast imaging to appointment

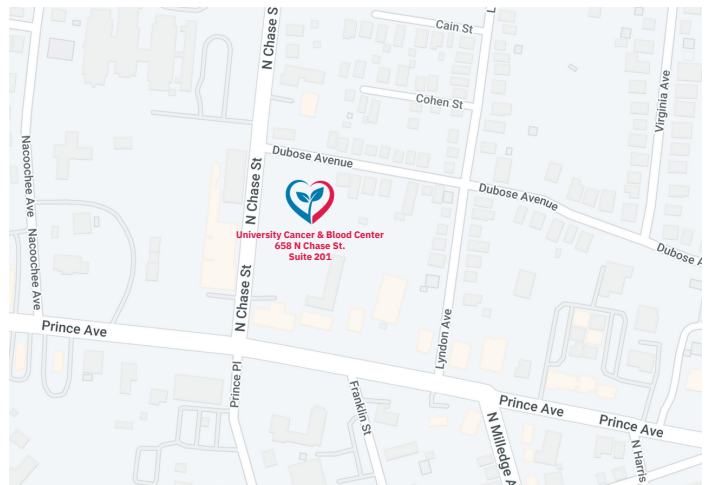
Two Convenient Locations

Comprehensive Breast Health Program Office

658 N. Chase St. Suite 201
Athens, Georgia 30601

Phone: 762.356.4780

Fax: 706.608.7597



PHONE: (762) 356-4780
FAX: (706) 608-7597

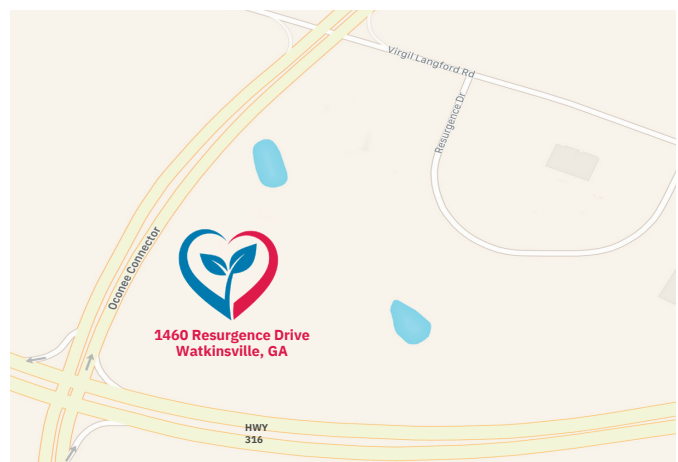
Monday - 8:00 AM - 5:00 PM
Tuesday - 8:00 AM - 5:00 PM
Wednesday - 8:00 AM - 5:00 PM
Thursday - 8:00 AM - 5:00 PM
Friday - 8:00 AM - 12:00 PM
Saturday - Closed
Sunday - Closed

Oconee Cancer Center

1460 Resurgence Drive
Watkinsville, GA 30677

Phone: 762.356.4780

Fax: 706.608.7597



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Friday - 8:00 AM - 5:00 PM
Saturday - Closed
Sunday - Closed



Please bring your previous mammograms for comparison. If this is not possible, please bring information regarding where the previous mammogram was performed so that we can make a request for you. If you have questions about prior breast imaging please call our office.