

Cody Gunn, MD FACS  
Ashley Ray, MD



245 Floyd Dr  
Athens, Georgia 30607  
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**

Left  Right  Bilateral

**(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:**

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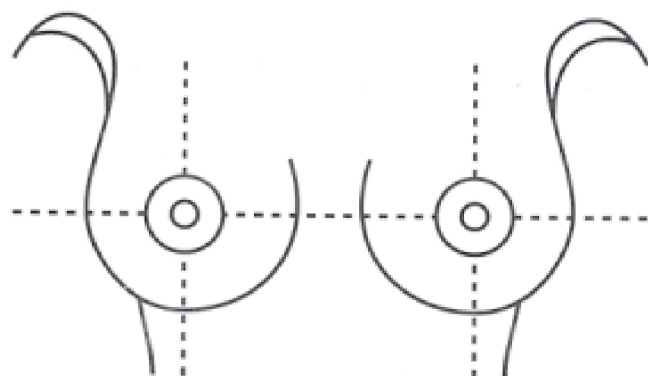
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**Referring Provider Signature**



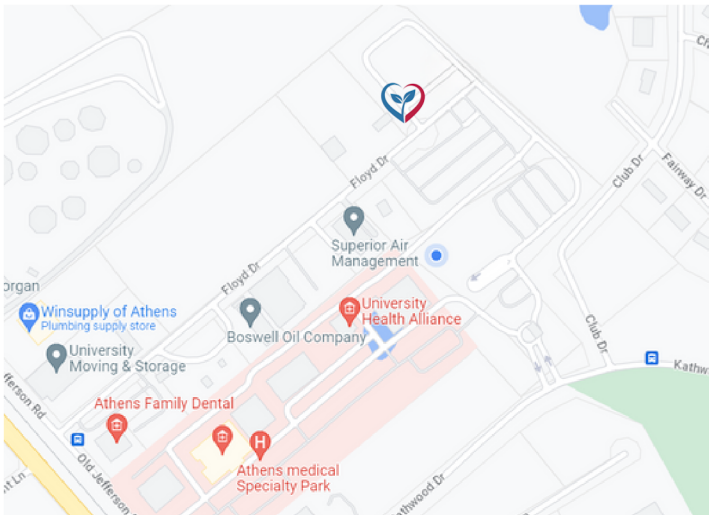
Patients will be scheduled to see a provider at our UCBC Comprehensive Breast Program when indicated for clinical management.

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

Please bring prior breast imaging to appointment

# Convenient Location

## UCBC Breast Health Center



**245 Floyd Dr.  
Athens, Georgia 30607  
762-356-4780  
[universitycancer.com](http://universitycancer.com)**

**BREAST HEALTH.  
FOR US, IT'S PERSONAL.**

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.



**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**