



Baystate Breast & Wellness Center

A Service of Baystate Medical Center

Enrollment Form for the Priority Breast Care Program

Please check one:

- Yes, I would like to enroll in the **Priority Breast Care Program** (please fill in preferences below).
 - No, I do not wish to participate in the **Priority Breast Care Program**.
 - I would like to speak with someone to learn more about the **Priority Breast Care Program**.
-

1. Referral to Surgical Practices

If you choose to enroll in the **Priority Breast Care Program**, please include the name of one or more surgical practices or three names of surgeons that you wish your patients to see.

- Next available **Baystate Breast Specialist Surgeon**

When you choose a Baystate surgeon and your patient has an imaging finding that is **highly suspicious (>90% chance of malignancy)**, our intake process also includes the option of evaluation by a Baystate Breast Specialist Nurse Practitioner.

OR

- Next available **Baystate Medical Practice - Greenfield Surgery**
- Next available **Baystate Medical Practice - Wing/Mary Lane Surgery**
- Next available surgeon in **Other Surgical Practice:** _____

- Specific surgeons (Baystate or other--highest preference #1):

1. _____
2. _____
3. _____

2. Referral to the Baystate High Risk Program

- If you select this option, your patients whose biopsies reveal a **high risk lesion** (e.g. ALH, LCIS) will be referred into the **Baystate High Risk Program**.

Your Name: _____ Phone: _____

Practice Name: _____

Practice Address: _____

Your Signature: _____ Date: _____

Please print clearly

Fax this form to (413) 794-9460 or email it to Connie Desjardins at cdesjardins@rad-imaging.com.
For questions please call Connie Desjardins at (413) 794-9564