



Baystate Breast & Wellness Center

A Service of Baystate Medical Center

Enrollment Form for Priority Breast Care Program

Please check one:

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

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.

Please print clearly.

Your Name: _____ **Phone:** _____

Practice Name: _____

Practice Address: _____

Your Signature: _____ **Date:** _____

Please email your completed form to melissa.parrilla@bhs.org or you may fax it to Melissa at 413-794-9460

For further questions please call Tonya Cardenales at (413) 794-9564.