



Find. Fight. Cure. *Together*

## New Patient Referral Form

**\*\*Please provide a copy of this form to your patient\*\***

Referring Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

### Reason for Consult:

- Left Breast    Right Breast    Bilateral
- Lump
- Pain
- Nipple Discharge
- Skin Dimpling
- Rash
- Infection/Abscess
- Abnormal Breast Imaging
- Abnormal Biopsy
- Current Breast Cancer
- Personal HX of Breast Cancer
- Family HX of Breast Cancer
- Implant complications
- Breast Reduction Consultation

We offer new patient appointment options within 48 hours of a requested consultation. You or your patient can call our office directly at **678-370-0370** or fax this form to **678-370-0371** and someone from our office will contact your patient to schedule.

All new patients must bring any pertinent medical records AND copies of their most recent mammogram films and/or ultrasound images with imaging reports.

Please have your patient visit our website [www.georgiabreastcare.com](http://www.georgiabreastcare.com) to submit new patient forms through our portal or print off forms and bring them completed to their scheduled appointment.

**Our address is 780 Canton Rd NE Suite 410 Marietta, Georgia 30060**

*Thank you for allowing us to care for your patient.*