Physician's Mammography Evaluation Form	State of Arkansas Accreditation Program

Reviewing Physician	Choose an item.	**Image Identification**	
Type of Review	Choose an item.	**Date of Images**	Click here to enter a date.
Submission Type	Choose an item.	**Facility Reviewed**	MAS
Room Number		**Unit Number**	
Type Adequate	Choose an item. **Using the breast composition scale**	**Unit Type**	2D ☒ DBT ☐

Ratings

Positioning	RCC	LCC	RMLO	LMLO
Inadequate amount of pectoral muscle	☐	☐	☐	☐
Posterior nipple line not within 1cm of MLO	☐	☐	☐	☐
All breast tissue not visualized	☐	☐	☐	☐
Inadequate inframammary fold	☐	☐	☐	☐
Poor visualization of posterior tissues	☐	☐	☐	☐
Body parts or objects projected over breast	☐	☐	☐	☐
Drooping breast	☐	☐	☐	☐
Skin folds	☐	☐	☐	☐
Nipple in profile on at least one view	☐	☐	☐	☐

Overall rating for Positioning   **Acceptable ☐   Unacceptable ☐**

Comments:

Compression	RCC	LCC	RMLO	LMLO
Poor separation of parenchymal densities	☐	☐	☐	☐
Patient motion	☐	☐	☐	☐

Overall rating for Compression   **Acceptable ☐   Unacceptable ☐**

Comments:

Exposure -*window/leveling expected*	RCC	LCC	RMLO	LMLO
Underexposed	☐	☐	☐	☐
Overexposed	☐	☐	☐	☐

Overall rating for Exposure   **Acceptable ☐   Unacceptable ☐**

Comments:

Contrast	RCC	LCC	RMLO	LMLO
Contrast inadequate	☐	☐	☐	☐

Overall rating for Contrast   **Acceptable ☐   Unacceptable ☐**

Comments:

Sharpness	RCC	LCC	RMLO	LMLO
Poor delineation of linear structures	☐	☐	☐	☐
Poor delineation of feature margins	☐	☐	☐	☐
Poor delineation of microcalcifications	☐	☐	☐	☐

Overall rating for Sharpness   **Acceptable ☐   Unacceptable ☐**

Comments:

Submission Type: **Dense**

Unit Type: **2D** ☒ **DBT** ☐

Noise	RCC	LCC	RMLO	LMLO
Noise limited visualization of detail	☐	☐	☐	☐

Overall rating for Noise	Acceptable ☐	Unacceptable ☐

Comments:	

Artifacts	RCC	LCC	RMLO	LMLO
Grid related artifacts	☐	☐	☐	☐
Hair, deodorant, etc.	☐	☐	☐	☐
Image receptor artifact	☐	☐	☐	☐

Overall rating for Artifacts	Acceptable ☐	Unacceptable ☐

Comments:	

Overall Comments:	

Overall assessment

PASS ☐ **FAIL** ☐

Consider an additional mammography review ☐
(this would include a review of 3-30 sets of images and should only be checked in cases of severe deficiency)

ADDITIONAL COMMENTS:

Possible abnormality (describe and locate)

Verification of Review

Reviewing Physician Signature		Date	

Please email forms to SAR STAFF