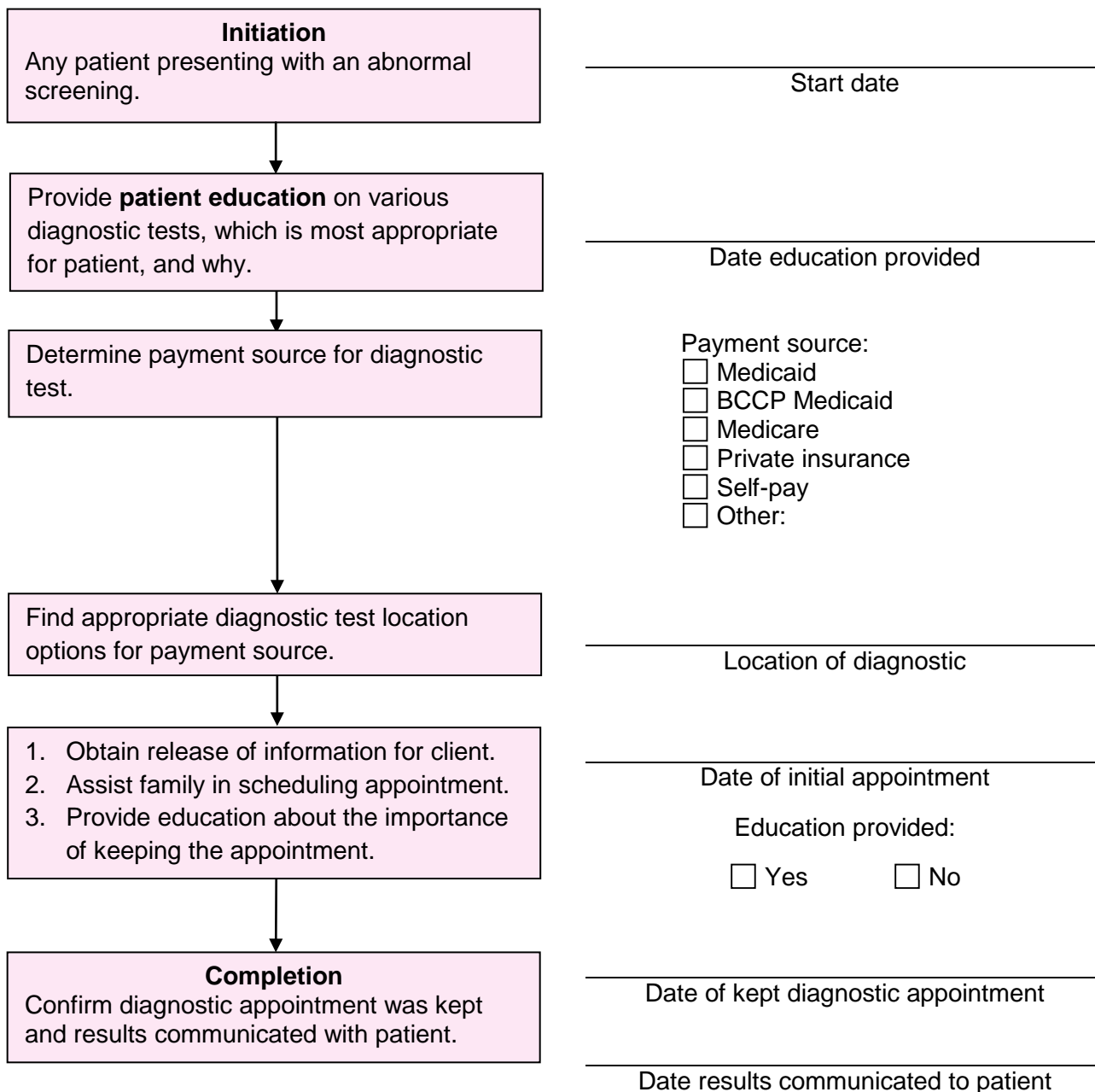




Client Name:	Date of Birth:
Patient Navigator:	Agency:

Breast Health Diagnostic Pathway



Record reason if Finished Incomplete (reason denied and referral made):