Scheduling An Appointment

To schedule an appointment, please call:

**Stanford Radiology Breast Scheduling**
Phone: 650-736-4383
Fax: 650-736-9859

Appointments are available Monday thru Friday.

For maps and directions, go to:
http://stanfordhospital.org/breastimaging

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**Stanford Hospital**
300 Pasteur Drive, Stanford, CA 94305

- **Main Hospital**
- **Breast MRI Service/Registration** – Ground Floor

**Advanced Medicine Center**
875 Blake Wilbur Drive, Stanford, CA 94305

- **Patient Registration** – First Floor CC 1227

**Services**: Mammography, Breast Ultrasound & Biopsies, Tomosynthesis *(Coming Fall 2013)*

**Blake Wilbur Outpatient Clinic**
900 Blake Wilbur Drive, Stanford, CA 94305

- **Patient Registration** – Ground Floor

**Services**: Mammography and Tomosynthesis *(Coming Fall 2013)*

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**Redwood City**
Stanford Medicine Outpatient Center
450 Broadway Pavilion B, Redwood City, CA 94063

**Services**: Breast MRI

**Directions**: From South (San Jose) - Take US-101 North toward San Francisco. Exit CA-84/Woodside Road West (18 miles). Take Woodside Road to Broadway Street (.7 mile). Turn left on Broadway Street. Stanford Medicine Outpatient Center will be on the left (.6 mile).

From North (San Francisco) - Take US-101 South toward San Jose. Exit CA-84/Woodside Road West (25 miles). Take Woodside Road to Broadway Street (.3 mile). Turn left on Broadway Street. Stanford Medicine Outpatient Center will be on the left (.6 mile).

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**Palo Alto**
Stanford Medicine Imaging Center
451 Sherman Avenue, Palo Alto, CA 94306

**Services**: Breast MRI

**Directions**: From 280 Exit Page Mill Road East and turn Left/North on El Camino Real. Drive 3 blocks and turn right on Sherman Avenue, just after the Olive Garden Restaurant.

From 101 Exit Oregon Expressway West and turn Right/ North on El Camino Real. Drive 3 blocks and turn right on Sherman Avenue, just after the Olive Garden Restaurant.

Valet parking is available. Public parking is also available in lots located opposite the center and along Sherman Avenue.

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**Resources**: For more information on breast cancer screening, visit MammographySavesLives.org or RadiologyInfo.org.

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**Breast Density**
Not sure if you have dense breasts? Why does it matter?
Ask your doctor which breast cancer screening options are right for you.
What is breast density?
Breasts are made up of a mixture of fibrous and glandular tissue and fatty tissue. Your breasts are considered dense if you have a lot of fibrous or glandular tissue but not much fat. Density may decrease with age, but there is little, if any, change in most women.

How do I know if I have dense breasts?
Breast density is determined by the radiologist who reads your mammogram. There are four categories of mammographic density. The radiologist assigns each mammogram to one of the categories. Your doctor should be able to tell you whether you have dense breasts based on where you fall on the density scale. (See scale below.)

Why is breast density important?
Having dense breast tissue may slightly increase your risk of getting breast cancer. Family history and other risk factors may place you at an increased risk factor for breast cancer other than breast density. Dense breasts also make it more difficult for doctors to spot cancer on mammograms. Dense tissue appears white on a mammogram. Lumps, both benign and cancerous, also appear white. So, mammograms can be less accurate in women with dense breasts.

Are there any tests that are better than a mammogram for dense breasts?
In dense breasts, cancer can be hard to see on a mammogram. Magnetic resonance imaging (MRI) and to a lesser extent, ultrasound can find breast cancers that can’t be seen on a mammogram. However, MRI and ultrasound show findings that are not cancer, which can result in added testing and unnecessary biopsies. Also, the cost of ultrasound and MRI may not be covered by insurance.

What should I do if I have dense breasts?
What if I don’t?
If you have dense breasts, please talk to your doctor. Together, you can decide which, if any, additional screening exams are right for you. Whether your breasts are dense or not, other factors may still place you at increased risk for breast cancer — including a family history of the disease, previous chest radiation treatment for cancer and previous breast biopsies that show you are high risk. Talk to your doctor and discuss your history. Even if you are at low risk, and have entirely fatty breasts, you should still get an annual mammogram starting at age 40.

Digital Mammography
Digital mammography, also called full-field digital mammography (FFDM), uses a low-dose x-ray system to take pictures of the breasts electronically rather than with film. Radiologists read the mammograms for early detection and diagnosis of breast diseases in women. Stanford also uses computer-aided detection (CAD) on the mammograms, which uses a computer program and neural networks to find cancer.

Breast MRI
Magnetic resonance imaging (MRI) is a non-invasive medical examination that does not use ionizing radiation (X-rays). The MRI machine uses a large magnet and a computer to take pictures of the inside of your body. The scan usually takes between 45 to 60 minutes. Breast MRI scans should be scheduled within 7-12 days of the onset of one’s menstrual cycle unless the request is urgent.

Breast Ultrasound
Ultrasoundography, which is sometimes called sonography, uses high-frequency sound waves and a computer to create images. The primary use of breast ultrasound today is to help diagnose breast abnormalities detected during a physical exam (such as a lump) and to characterize potential abnormalities seen on mammogram or breast (MRI).

Tomosynthesis (3D Mammography)
Coming Fall 2013
Tomosynthesis uses low dose x-rays to take mammogram images of the breast, and shows only a few layers of the breast at a time. Preliminary studies show higher cancer detection and lower false positives than full-field digital mammography (FFDM).