

## BREAST IMAGING ORDER

PATIENT LEGAL NAME	
DATE OF BIRTH	PHONE NUMBER
LOCATION IN THE BREAST	
DIAGNOSIS	

**STEP 1: INITIAL BREAST IMAGING PROCEDURES:** (please check boxes as applicable)

**Mammogram:**    **SCREENING** →    bilateral    unileft    uniright    3D tomography  
                           **DIAGNOSTIC** →    bilateral    unileft    uniright    3D tomography

**OR**

**SCREENING WHOLE BREAST US** →    bilateral    unileft    uniright  
 **DIAGNOSTIC BREAST US** →    bilateral    unileft    uniright

**STEP 2: FOLLOW-UP BREAST IMAGING PROCEDURES:**

- Check box if, you would like the patient to receive a diagnostic mammogram and/or ultrasound as recommended by the radiologist if any of the following are found: calcifications, asymmetry, mass (palpable or non-palpable).
- diagnostic mammogram      ▪ diagnostic breast US      ▪ diagnostic 3D tomography
  - ultrasound axilla            ▪ ductogram

**STEP 3: ADDITIONAL BREAST IMAGING PROCEDURES:**

Check the box below if your patient has a probably benign or suspicious finding as a result of the follow-up breast imaging in step 2 and you are giving permission for the following exams:

- 3, 6, or 12 month follow-up mammogram and/or ultrasound, stereotactic core biopsy, US core biopsy, US cyst aspiration, US fine needle aspiration as recommended by the radiologist.**

**STEP 4: BIOPSY RESULT PATIENT NOTIFICATION:**

- The radiologist or the RN may notify the patient with results of the radiology biopsy procedure.  
 I prefer to contact the patient with biopsy results myself.

**STEP 5: SURGICAL CONSULT:**

- The radiologist or RN may schedule a surgical consultation appointment after an abnormal finding on a breast procedure, or breast imaging that may require a biopsy and is not amenable to the less invasive procedures listed above pursuant to the radiologist's standard referral procedure.  
 Patient or PCP requests a specific surgeon here: \_\_\_\_\_

- Patient will be involved in all decisions about their care, treatment and services provided.
- Breast MRI follow-up must be scheduled by the referring healthcare provider as insurance pre-authorization is required prior to the exam.

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Healthcare Provider Signature	Healthcare Provider (Please Print)	Date	Time
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**Please FAX this form to the facility where imaging is being scheduled**