

Appointment Date:
 Call Patient to schedule

Exam Time:
Insurance Authorization #
 Midwest Radiology to Request

PATIENT LABEL HERE

Diagnostic Breast Imaging Order Form

Providing digital mammography services at outpatient imaging centers

Patient Information

| | | |
|-------------------|------------------|------------|
| PATIENT NAME | DATE OF BIRTH | ID / MRN |
| CELL PHONE | HOME PHONE | WORK PHONE |
| INSURANCE COMPANY | POLICY # / GROUP | |
| CLINICAL HISTORY | | |
| DIAGNOSIS / ORDER | | |

PREVIOUS FILMS?

RESULTS CHECK ALL THAT APPLY

MRI SAFE?

 Films CD Read & Call Patient to Hand Carry

Physician Information

| | | |
|--------------------------------|------------------------|------------|
| REFERRING PHYSICIAN | OFFICE PHONE | OFFICE FAX |
| PHYSICIAN SIGNATURE (REQUIRED) | PRACTICE NAME / CLINIC | |
| NATIONAL PHYSICIAN ID # | SPECIAL INSTRUCTIONS | |
| INSTRUCTIONS / NOTES | | |

Clinical Examination Details

 DIAGNOSTIC MAMMOGRAM OR POSSIBLE US OR BIOPSY

LEFT RIGHT BILATERAL

 ULTRASOUND OR POSSIBLE DIAGNOSTIC MAMMO OR BIOPSY

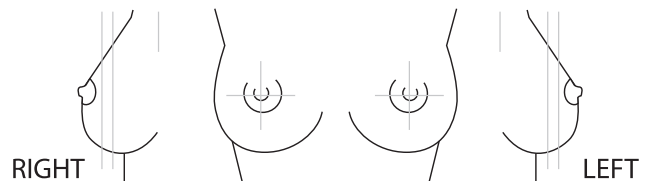
LEFT RIGHT BILATERAL

 ULTRASOUND GUIDED CYST ASPIRATION OR CORE BIOPSY

LEFT RIGHT BILATERAL

 BREAST MRI

SHOW LOCATION OF MASS



| | | |
|----------------------------------|-------|----|
| SIZE OF MOST IMPORTANT MASS (CM) | RIGHT | CM |
| | LEFT | CM |



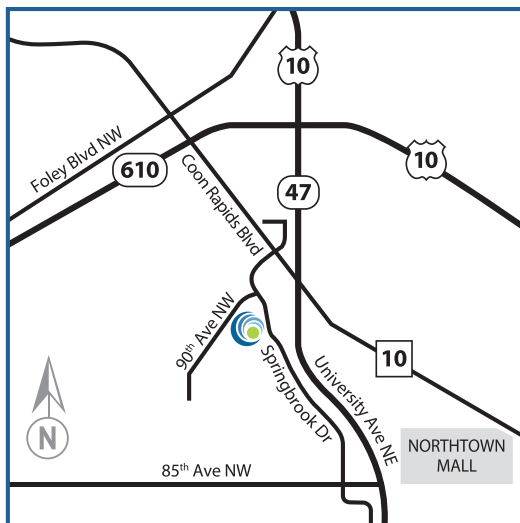
APPOINTMENT SCHEDULING

BREAST CENTER

763.786.9460 phone

763.786.6408 fax

The Breast Center Coon Rapids



THE BREAST CENTER

Midwest Radiology Outpatient Imaging

MMEC I, Suite 125

8990 Springbrook Drive

Coon Rapids, MN 55433

Phone: 763.786.9460

For detailed directions to each imaging center, please visit our website at MidwestRadiology.com/us/locations-and-hours