RADIOLOGY BIOPSY ORDER

MIDWEST RADIOLOGY

Oncology Coordinator Phone: 763.792.1981

Fax order & H&P to: 763.792.1979. H&P needed for sedation purposes.

PATIENT INFORMATION

Patient name
First Middle Last

Date of birth

Patient phone number

List of known malignancies

Clinical concern

Comparison imaging: ❑ No ❑ Yes – list type of imaging and location of exam

Previous biopsy: ❑ No ❑ Yes – date/location

❑ **Current medication list attached, including anticoagulants and any known allergies. Or list:**

PROVIDER INFORMATION AND BIOPSY ORDER

Ordering provider

Clinic

Clinic phone

Clinic fax

Patient's primary healthcare provider

Patient's primary care clinic

Clinic contact completing this form

Phone number

Fax # for PATHOLOGY results

Biopsy requested: _____ ❑ R ❑ L (if known)

Ordering provider signature: _____ **Date:** _____

(If not electronically signed)

MIDWEST RADIOLOGY STAFF COMPLETES

Reviewed by: _____ Date _____

Biopsy approved: ❑ Yes ❑ No ❑ Core ❑ FNA ❑ Adequacy Check

High Risk Biopsy: ❑ Yes ❑ No Action: _____

Modality: ❑ CT ❑ US ❑ Fluoro ❑ IR Procedure by: ❑ Available radiologist ❑ Interventional radiologist

Patient requires pre & post-care: ❑ Yes ❑ No Series: _____ Image: _____

Anticoagulant therapy: ❑ No ❑ Yes → ❑ Ultra low risk ❑ Low risk ❑ Moderate risk ❑ High risk

Anticoagulant: _____ *Review guidelines and inform patient*

Comments: _____

_____

Consent to read: Tissue sampling of _____

Initiate pre-procedure biopsy protocol: _____

Performing location (MWR, Mercy, Unity scheduler): Call pt & schedule

Procedure to be performed at:

❑ **Midwest Radiology Suburban Imaging – Coon Rapids** *US guidance only*
(scheduling 763.792.1999 / fax: 651.681.1280)

❑ **First available at Mercy Campus** (IR scheduling 763.236.7683 / fax 763.236.7810)
or Mercy Hospital-Unity Campus (IR scheduling 763.236.4365 / fax: 763.236.4188)

Scheduling notes _____

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