Priority	Height	Diagnosis:				
□ STAT	3	Diagnosis:Signs/Symptoms:				
□ Routine		Diagnosis codes:				
☐ Call Critical		Insurance Name: Author				
Result to:	Weight	□ No Authorization required, Determined by (Name):				
#		Previous Images:   None Available				
   		Location:	Phone:_		Address:	
Mammography (to						
Screening (no current signs/symptoms with <i>either breast</i> )						
☐ Diagnostic Mammogram with Ultrasound if diagnostically indicated					☐ No Ultrasound this	s appointment
Ultrasound:						
☐ Breast Ultrasound	☐ No mammogram	this appointment				
MRI:						
   ☐ With/without IV Contrast - for new cancer diagnosis, recurrence, high risk screening, other						
☐ Without IV Contrast - for implant rupture						
Orbit X-Rays (if history of eye injury with metal)						
<b>Note:</b> Patients with history of kidney disease, diabetes, chemotherapy in the last week, recent serious illness or over age 60 must have a serum creatinine test within 30 days of appointment.						
Serum Creatinine (lab order) OR Recent Lab Results: Serum Creatinine: Date:						
Procedures:						
☐ Biopsy – Ultrasound Guided						
☐ Biopsy – Stereotactic						
☐ Biopsy – MRI Guided						
Cyst Aspiration with Subsequent Needle Biopsy if warranted						
Ductogram  Please indicate areas of concern:						
	Right	☐ Left		Comments:_		
			1			
☐ Bone Density Central (spine/femur) to evaluate fracture risk.  Date of Last						
Bone Density Peripheral (forearm); primary PTH, patients over 350# table limit, bilateral hip/spine hardware Exam:						
i`						
Provider Signature: Provider Name:						
(First Initial / Last Name / Title) Date / Time (Please Print)						
	Ma	mmography <sub>E</sub>	e:			
	Orders Q DI17167 9/17/2015 U DOB: Phone #:					
MEDICAL CENTER		1 00				
939 Caroline St. Port Angeles, WA 98362  Fax this order to (360) 565-9001 Scheduling: Call 565-9003  Scheduling: Call 565-9003						
Contracting Coal Cooperation						

## **Patient Instructions**

Thank you for choosing Olympic Medical Center for your diagnostic imaging needs.

- · Please, no cell phones with you during the exam.
- Scheduled patients accompanied by children under the age of 12 and without another adult present, will need to reschedule their appointment.

## Additional Information

## **Diagnostic Mammography Process and Options:**

A series of tests may be needed in order to obtain a definitive diagnosis. The conditions or symptoms that prompt the need for a diagnostic mammogram are sometimes elusive and non-palpable (cannot be felt). In these cases, additional x-ray views and diagnostic studies are needed to reach a definitive diagnosis. The radiologist will recommend the tests that are right for you. The options include:

- Additional Views: more x-ray views specially focused cone compression views
- Ultrasound: pictures produced by sound waves tell if a lump is solid or fluid filled
- Biopsy: the removal of a tissue/fluid sample through a needle.
- Aspiration: the removal of fluid from a cyst through a needle.
- **Results:** diagnostic mammogram results will be sent to your provider who will communicate the results to the patient. If additional studies are recommended and desired, the provider and/or radiologist will consult with the patient and schedule the appointment(s) accordingly. The results from each test will be sent to the patient's provider who will communicate back to the patient.

