Karmanos CANCER INSTITUTE

Provider Order Form for Breast Imaging

PATIENT INFORMATION

Patient's Name:		**Today's Date:**	
Daytime Phone:		**Appointment Date:**	
Birth Date:		**Appointment Time:**	

EXAMINATION INFORMATION

Screening Evaluation ☐

☐ Asymptomatic / ACS Guidelines Routine / Baseline / Annual
☐ Hormone Replacement Therapy
☐ Implants (Asymptomatic)
☐ Dense Breast Tissue, Inconclusive Mammogram (ICD-10-CM R92.2)
☐ Family History of Breast Cancer (High Risk)
☐ Personal History of Breast Cancer (asymptomatic and 2 year documented stability)
☐ Previous Breast Procedure

Diagnostic Evaluation ☐

Reason for Diagnostic Evaluation:
PLEASE MARK DIAGRAM

Diagnostic Mammography
☐ Bilateral
☐ Unilateral — Right ☐ Left ☐

Breast MRI
☐ Bilateral

Screening Whole Breast Ultrasound
☐ Bilateral

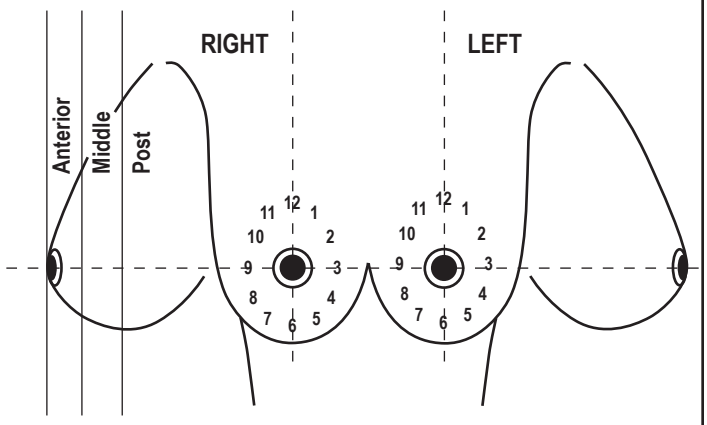
Breast Ultrasound
Handheld (limited)
☐ Bilateral
☐ Unilateral — Right ☐ Left ☐

Problem
☐ **Lump, Mass, Thickening** — Right ☐ Left ☐
Size / Location:
☐ **Abnormal Mammogram** — Right ☐ Left ☐
Follow Up:
☐ **Focal Breast Pain** — Right ☐ Left ☐
☐ **Nipple Discharge** — Right ☐ Left ☐
Color / Duration:
☐ **Male Breast-Gynecomastia / Mass** — Right ☐ Left ☐
☐ Prior History of Breast Cancer — Right ☐ Left ☐

Procedures

☐ Cyst Aspiration	Right ☐	Left ☐
☐ Wire Localization*	Right ☐	Left ☐
☐ Wireless / Tag Localization*	Right ☐	Left ☐
☐ Stereotactic Core Bx*	Right ☐	Left ☐
☐ Ultrasound Core Bx*	Right ☐	Left ☐
☐ MRI Core Bx*	Right ☐	Left ☐

Outside images must be received for review 2 days prior to scheduled exam date.



PHYSICIAN SECTION

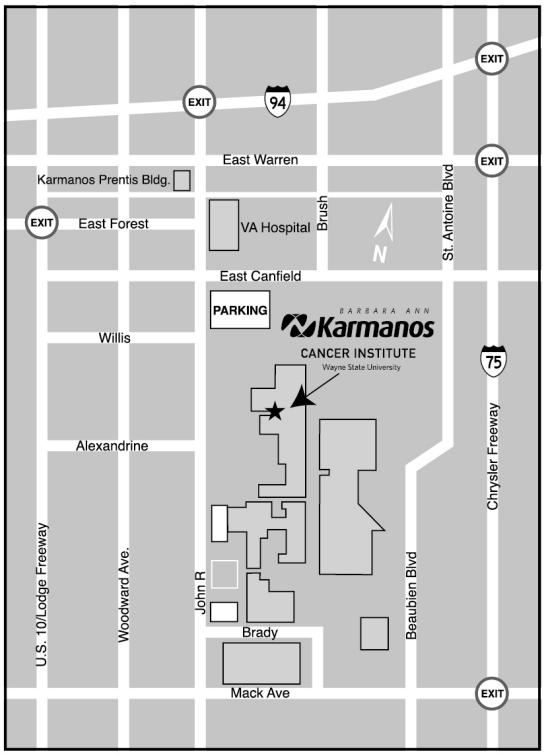
☐ **CHECK HERE IF ADDITIONAL STUDIES MAY BE PERFORMED AS DETERMINED BY KARMANOS RADIOLOGISTS.**
(Including Mammographic Views, Ultrasound, and/or Biopsy Scheduling)

Physician's Name:	**Date:**	
Physician's Signature:	**Physician's Phone Number**	**Physician's Fax Number:**
Physician's Address:		
	Physician's Email:	

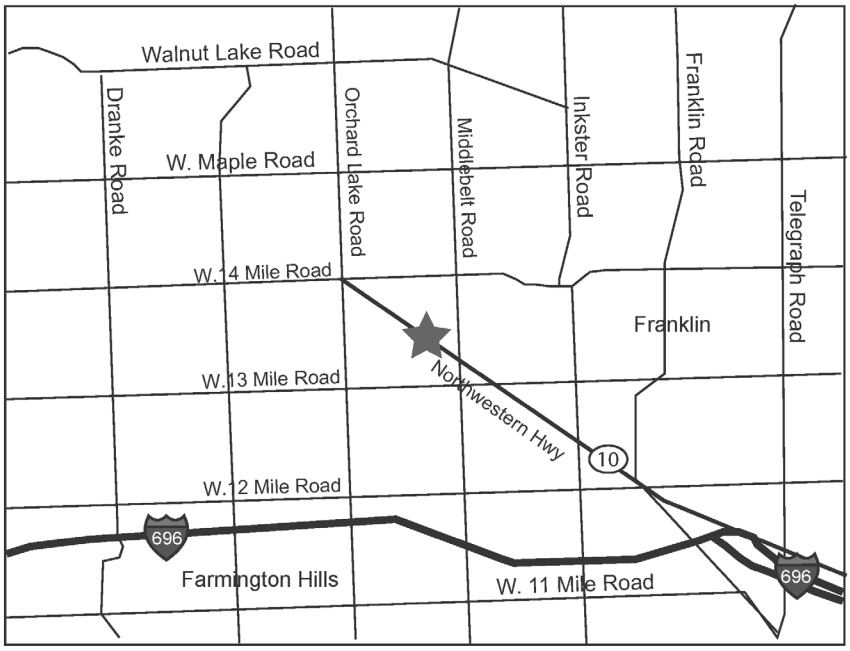
Instructions:
- Bring your most recent images to this mammogram / ultrasound appointment if they were done at another facility.
- Refrain from wearing perfume, powder or deodorant in the breast or underarm areas.
- Screening mammography may not be a covered benefit of your particular insurance carrier. If you have any questions regarding benefit coverage, please contact your insurance provider.

If the images are to be mailed, please address them to:

Karmanos Comprehensive Breast Center
4100 John R. St.
Detroit, MI 48201
Phone: **1-800-KARMANOS (1-800-527-6266)**



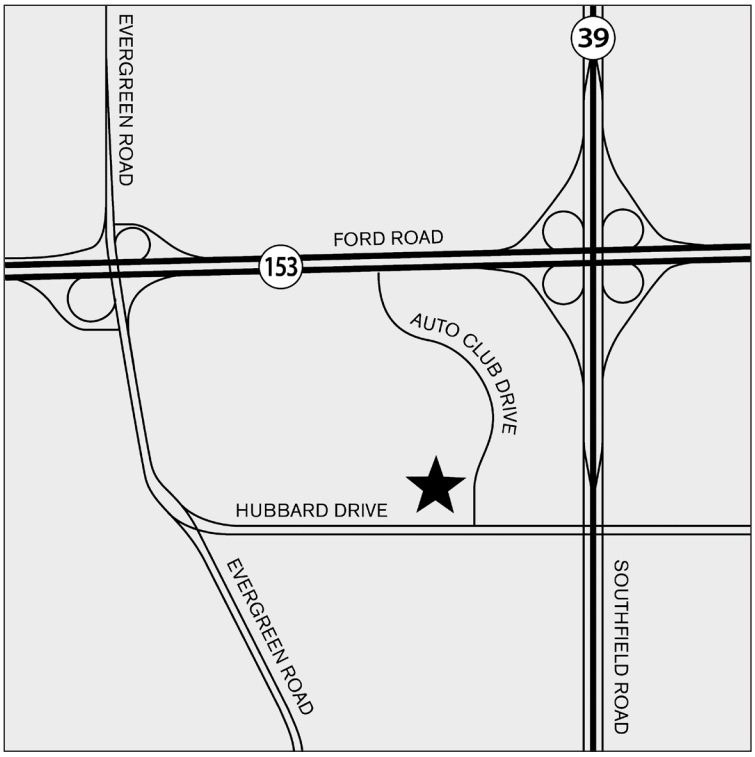
Karmanos Comprehensive Breast Center
4100 John R St., Detroit, MI 48201



Karmanos Breast Imaging
31995 Northwestern Hwy., Farmington Hills, MI 48334

Phone Number
(for all sites):

1-800-KARMANOS
(1-800-527-6266)



Karmanos Cancer Institute • Dearborn Breast Imaging
18800 Hubbard Drive, Dearborn, MI 48126

All services are accredited by the FDA, American College of Radiology and the Michigan Department of Consumer Industries.