2110 E Northern Lights Blvd
Anchorage, AK 99508

P 907-644-2997
F 907-644-2998
www.nliak.com

NORTHERN LIGHTS
IMAGING

BREAST PROCEDURE ORDER FORM

PRINT PATIENT NAME: (LAST, FIRST)	DATE OF BIRTH:	TODAY'S DATE:

PRINT ORDERING CLINICIAN:	ORDERING CLINICIAN SIGNATURE: X	CLINICIAN PHONE NUMBER:

DIAGNOSIS OR SYMPTOM: NO "R/O", "POSSIBLE" OR "QUESTION OF"	ICD10 CODES: (LIST ALL THAT JUSTIFY EXAMS ORDERED.)

ALL AREAS OF ORDER MUST BE FILLED OUT COMPLETELY TO BE ACCEPTED; ORDERS ARE RETAINED FOR 90 DAYS UNLESS OTHERWISE NOTED.

SCREENING STUDIES:

❑ SCREENING MAMMOGRAM
PLEASE SEE OPTION BELOW FOR
EXPEDITED BREAST CARE PROGRAM.

BREAST HISTORY:

DOES THE PATIENT HAVE BREAST IMPLANTS? ❑Y ❑N
HISTORY OF BREAST CANCER? ❑Y ❑N
LAST MAMMOGRAM: DATE:_____ LOCATION_____

DIAGNOSTIC STUDIES:

❑ DIAGNOSTIC MAMMOGRAM ❑R ❑L ❑BILATERAL
❑ DIAGNOSTIC ULTRASOUND ❑R ❑L ❑BILATERAL
❑ CONTRAST MAMMOGRAPHY

REASON:_____

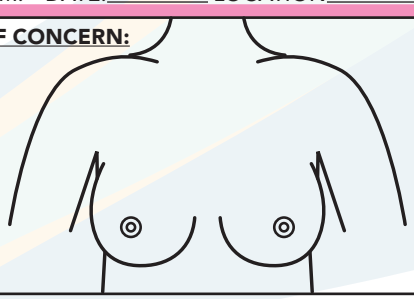
CURRENT GFR (IF AVAILABLE)_____

- ❑ CALL BACK FROM SCREENING
- ❑ BREAST LUMP
- ❑ NEW FOCAL BREAST PAIN
- ❑ NIPPLE DISCHARGE
- ❑ SKIN CHANGES
- ❑ S/P LUMPECTOMY WITHIN 5 YEARS

OTHER:_____

PLEASE INDICATE THE REASON:_____

INDICATE AREA OF CONCERN:



BREAST SURGERY PROCEDURES:

❑ WIRE LOCALIZATION
NUMBER OF WIRES_____ ❑R ❑L ❑BILATERAL
NUMBER OF LESIONS_____ ❑R ❑L ❑BILATERAL
❑ MAGSEED® LOCALIZATION ❑R ❑L ❑BILATERAL
❑ MAGTRACE® INJECTION ❑R ❑L ❑BILATERAL

SURGERY:

DATE_____ TIME _____

PROCEDURES:

❑ BREAST BIOPSY ❑R ❑L ❑BILATERAL
❑ ULTRASOUND ❑ STEREOTACTIC/TOMO
❑ CYST ASPIRATION ❑R ❑ L ❑BILATERAL

EXPEDITED BREAST CARE PROGRAM:

❑SCREENING AND/OR DIAGNOSTIC BREAST IMAGING AT RADIOLOGIST'S DISCRETION:
CHECKING BOX AUTHORIZES RADIOLOGIST TO SCHEDULE SCREENING MAMMOGRAM, DIAGNOSTIC MAMMOGRAM, ULTRASOUND, CONTRAST MAMMOGRAPHY AND/OR BIOPSY IF INDICATED TO STREAMLINE PATIENT CARE. WE WILL KEEP YOUR OFFICE UPDATED WITH ALL RESULTS AND PROCEDURE RECOMMENDATIONS.

PRIOR BREAST IMAGING:

DATES_____ LOCATIONS _____

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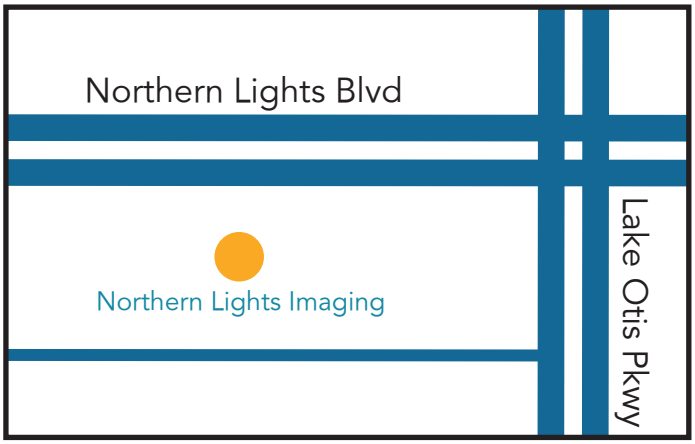

PATIENT INSTRUCTIONS

Please no powders, perfumes or deodorants in your underarm or upper body area prior to your exam.

Wearing a two-piece outfit may be most convenient.

Your technologist will provide you with a comfortable gown to wear during your procedure. Private storage lockers and deodorant will also be available for you at your appointment.