

Oregon Imaging Breast Center Order for Additional Imaging & Workup

Date: _____ Patient Name: _____

D.O.B: _____ Provider Name: _____

Fax Number: _____ Accession Number: _____

Our radiologist has evaluated your patient's breast images and suggests additional evaluation. We request your permission to proceed with additional imaging and/or procedures that the radiologist deems appropriate and necessary.

Please indicate your instructions below. As the referring provider, please be assured that all of your patient's results will continue to be delivered to you using your standard report delivery preferences. If you wish to speak to one of our radiologists about these findings, contact our workflow coordinator at (541) 284-4016 so that the imaging studies can be available to the radiologist when your call is returned.

_____ **Your selection here** indicates that as the patient's treating provider, I wish to order additional imaging, and/or procedures for the above referenced patient **at the radiologists discretion**. To include additional mammographic views, ultrasound, MRI, stereotactic, ultrasound guided or MRI guided biopsy as deemed most clinically appropriate by the radiologist.

_____ **Your selection here** indicates that as the patient's treating provider, **I wish to be contacted to order** each imaging study or procedure. You can proceed only with the additional views and ultrasound if needed at this time.

Your prompt reply is appreciated to prevent delay in patient care.

Please sign and fax your order to (541) 334-7564

Referring Provider Signature

Date

***If you would prefer to call in a verbal order, please contact our scheduling department at (541) 334-7555, indicate that you are placing a verbal order for "additional breast imaging" and whether you prefer:*

Workup at the Radiologists discretion or Contact you each time additional workup is recommended