

St Vincents / Optimal Imaging Breast Procedure Order Form

Patient Name:

DOB:

Phone:

Indication:

ICD 10:

- For the desired order below, circle one option from each row. Circle more than one modality if ≥ 2 lesions require different modalities.
- The breast procedures listed below (except wire locs & lymphos) do not require the patient to be NPO or to hold blood thinners. Wire localization & lymphoscintigraphy requirements are per the patient's Breast Surgeon.

• Breast & Axillary Lesion Biopsy

<u>Laterality</u>	Right	Left	Bilateral	
<u>Modality</u>	US	Stereo/Tomo	MRI	2nd Look US PRN Biopsy

• Breast Lesion Aspiration (prn Biopsy) or Drain Placement

<u>Procedure</u>	Aspiration (prn Biopsy)	Drain Placement	
<u>Laterality</u>	Right	Left	Bilateral
<u>Modality</u>	US		

• Breast & Axillary Lesion Localization

<u>Laterality</u>	Right	Left	Bilateral	
<u>Device</u>	Wire	RFID	Magseed	MOLLI

*Circle if lesion needs
to be bracketed.*

Performing Radiologist will determine modality for localization (not always the same modality as biopsy).

• Lymphoscintigraphy

<u>Laterality</u>	Right	Left	Bilateral
<u>Node Marking</u>	Yes	No	

Notes for Radiologist:

Surgery Date (for wire locs & lymphos):

Ordering Signature:

Date:

Fax order to 371-8692 (Riverside Breast), 296-4589 (Southside Breast), 296-4587 (Southside Lympho), 602-2701 (Clay Breast & Lympho), 691-9808 (St Johns Breast & Lympho) and 296-4641 (Optimal). Visit surgery scheduling website for Riverside Lympho.