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

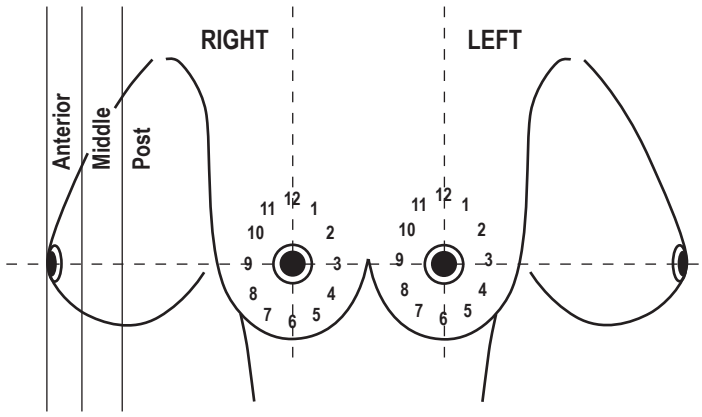
Breast Ultrasound
Handheld (limited)
☐ Bilateral
☐ Unilateral — Right ☐ Left ☐

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)

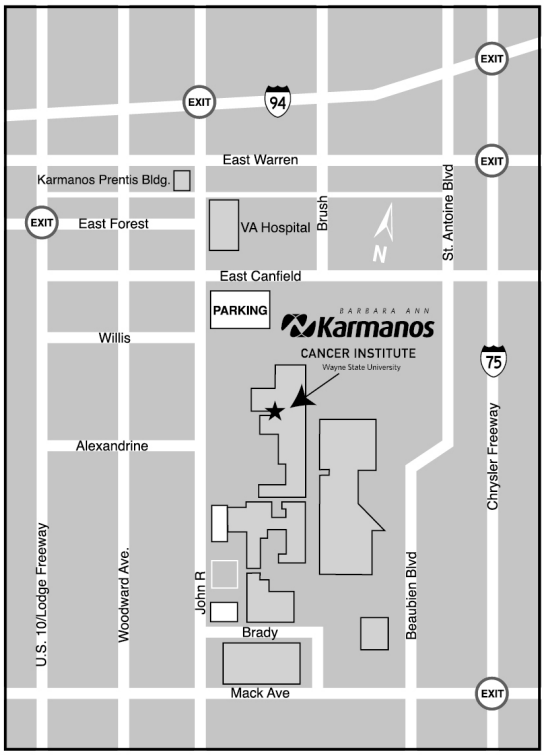
Physician's Name:	**Date:**	
Physician's Signature:	**Physician's Phone Number**	**Physician's Fax Number:**
Physician's Address:		
	Physician's Email:	

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.

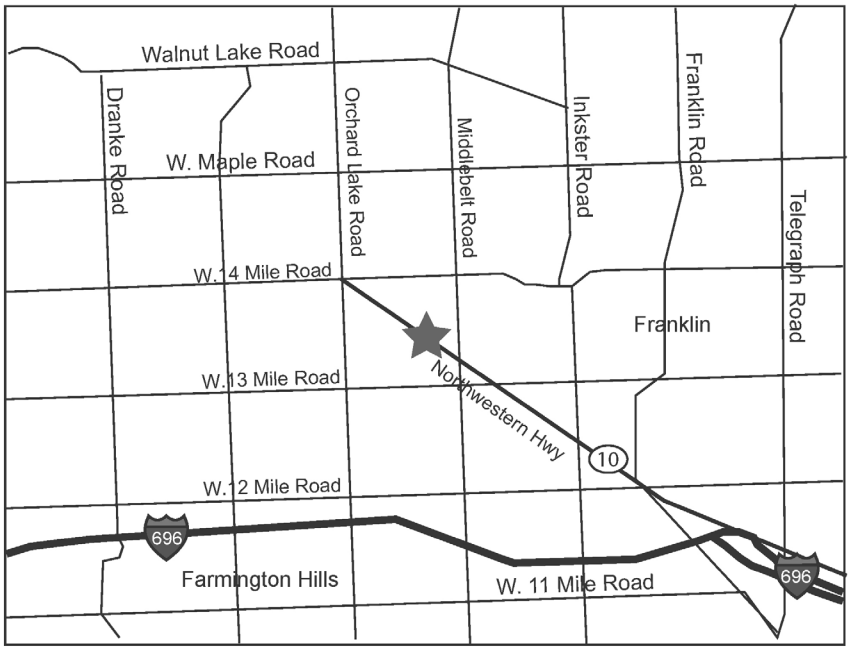
Send form via fax to (313) 576-8240 or via email at mammogramschedulingrequest@karmanos.org.

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)**



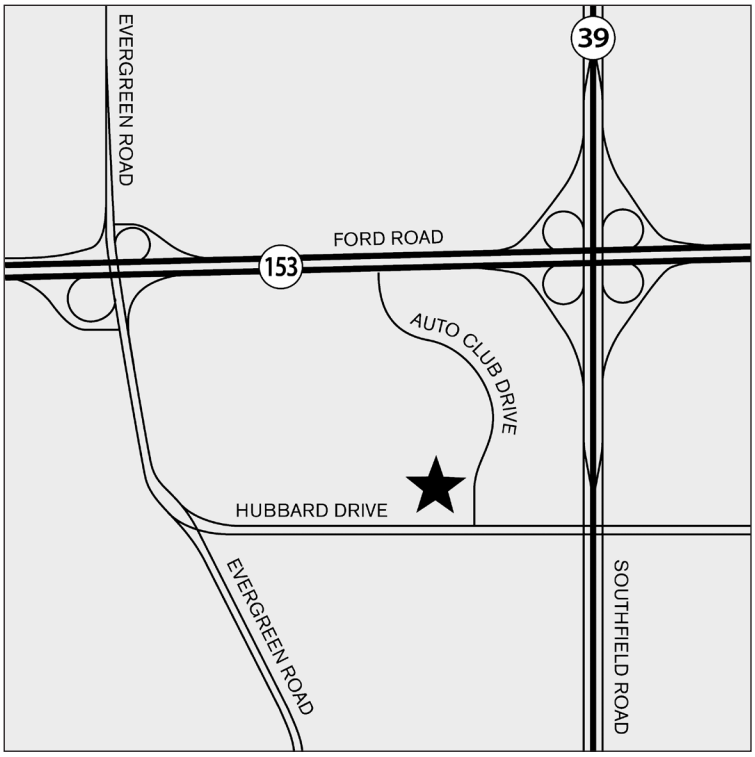
Karmanos Comprehensive Breast Center
4100 John R St., Detroit, MI 48201



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.