



OHSU Diagnostic Imaging Services

The Breast Center at OHSU

Scheduling: 503-494-4673 Fax: 503-418-8980

Patient **must** call 503-494-4673 to schedule

REQUIRED INFORMATION

Patient Name: _____

Patient Phone: () _____

Date of Birth: / /

Can the patient stand unsupported for 20 minutes? YES NO

Reason for Exam: _____

ICD 10 Code: _____

Authorization #: _____

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Phone: () _____

Signature: _____

Date: / /

I authorize ordering and proceeding with study specific medications, lab work, additional imaging and procedures, including biopsies, per the OHSU Department Standard.

EXAM	FOCUS
Screening Mammogram	<p>For asymptomatic patients ≥ 40 years, high risk, or history of breast cancer more than 5 years prior.</p> <p><input type="checkbox"/> Left <input type="checkbox"/> WITH IMPLANTS</p> <p><input type="checkbox"/> Right All screening mammograms are 3D Tomosynthesis and reviewed by CAD.</p> <p><input type="checkbox"/> Bilateral</p>
Diagnostic Mammogram	<p><input type="checkbox"/> Left <input type="checkbox"/> WITH IMPLANTS <input type="checkbox"/> WITH IMPLANTS</p> <p><input type="checkbox"/> Right \rightarrow <input type="checkbox"/> 3D Tomosynthesis (short term f/u, add views) <input type="checkbox"/> Digital (short term f/u, add views)</p> <p><input type="checkbox"/> Bilateral <input type="checkbox"/> 3D Tomosynthesis with CAD (annual) <input type="checkbox"/> Digital with CAD (annual)</p> <p>If pt. has a new lump, nipple discharge, or focal pain, also order a breast ultrasound.</p>
Ultrasound Breast Axilla	<p><input type="checkbox"/> US Breast Left <input type="checkbox"/> US Breast Right <input type="checkbox"/> US Breast Bilateral</p> <p>If pt. is ≥ 30 years and has: new lump, nipple discharge, focal pain, also order a Diagnostic Mammogram.</p> <p><input type="checkbox"/> US Breast Density Screening Bilateral <input type="checkbox"/> US Axilla Left <input type="checkbox"/> US Axilla Right</p>
MRI Breast	<p><input type="checkbox"/> With and Without Contrast Bilateral</p> <p><input type="checkbox"/> Without Contrast Bilateral (for silicone implant evaluation)</p> <p>Order oral anxiolytics for patient pick up at their local pharmacy if patient has need. Please indicate reason why patient requires medication and dosage:</p> <p>_____</p> <p><i>Insurance authorization must be obtained by ordering clinic. Please include auth information above.</i></p> <p>If oral anxiolytics have failed, required IV anxiolytics must be documented on order form. <u>Select one.</u></p> <p><input type="checkbox"/> Ativan (LORazepam) 1mg IV prn anxiety, may repeat in 15 min x1 for max 2mg</p> <p><input type="checkbox"/> Diazepam (Valium) 2mg IV prn anxiety, may repeat 15 min x1 for max 4mg</p>
Biopsy	<p><input type="checkbox"/> Left <input type="checkbox"/> Right Stereotactic Breast Biopsy and Lab: Surgical Pathology</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right US Breast Core Biopsy and Lab: Surgical Pathology and Post Procedure Mammogram</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right MRI Breast Core Biopsy and Lab: Surgical Pathology and Post Procedure Mammogram</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right US Axilla Core Biopsy and Lab: Surgical Pathology and Post Procedure Mammogram</p>
FNA Aspiration	<p><input type="checkbox"/> Left <input type="checkbox"/> Right US Axilla FNA and Lab: Fine Needle Aspirate</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right US Breast FNA and Lab: Fine Needle Aspirate</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right US Breast Fluid Aspiration and Lab: Culture, Wound Abscess or Aspirate</p>
Ductogram	<input type="checkbox"/> Left <input type="checkbox"/> Right
Other: Specify	

Patient Instructions

Do not wear powder, deodorant, perfume or lotion.

OHSU Department Standard: Diagnostic Radiology – Breast Imaging Department Standard

At the discretion of the radiologist, the following unilateral or bilateral exams may be ordered and performed by Diagnostic Imaging staff members. Includes imaging services up to and including a 6-month follow-up exam.

Screening Mammogram	<p>Reason for exam: For asymptomatic patients 40 years of age or greater, high risk screening, or for a history of breast cancer more than 5 years prior.</p> <p>For patients at high risk for breast cancer, annual screening mammography may commence at age 30 (or as specified in the scenarios below). This includes:</p> <ol style="list-style-type: none"> 1. Known genetic mutation or syndrome conferring increased breast cancer risk. 2. No genetic testing but has a first-degree relative with a BRCA mutation. 3. A 20% or greater lifetime risk for breast cancer based on breast cancer risk model(s). 4. A first-degree relative with breast cancer may commence screening 10 years earlier than the age at which the youngest first-degree relative was diagnosed (but not before age 30). 5. A history of chest (mantle) radiation received between the ages of 10 and 30 should begin screening 8 years after the radiation therapy, (but not before age 25). 6. Biopsy-proven lobular neoplasia or atypical ductal hyperplasia. <p>Biopsy-proven ductal carcinoma in situ, invasive breast cancer, or ovarian cancer should begin mammography at the time of diagnosis, regardless of age.</p>
Diagnostic Mammogram	<p>Reason for exam: Performed for evaluation of the following:</p> <ol style="list-style-type: none"> 1. Patient is symptomatic: has a new lump/area of palpable concern, a persistent focal area of pain or tenderness, skin/nipple changes or nipple discharge. 2. Patient has a history of breast cancer less than 5 years prior. 3. Evaluation of a normal imaging findings identified on screening mammography. 4. Characterization of breast findings identified on imaging examinations not specific to the breast (e.g. CT, MRI). 5. Follow-up evaluation of a mammographic finding assessed as “probably benign” at a prior diagnostic examination, as defined by the ACR Breast Imaging Reporting and Data System (BI-RADS®). <p>Initial imaging: Age greater than or equal to 30.</p>
US Breast	<p>Reason for exam: Patient is symptomatic: has a new lump/area of palpable concern, a persistent focal area of pain or tenderness, skin/nipple changes or nipple discharge, history of breast cancer less than 5 years prior. Evaluation of problems associated with breast implants.</p> <p>Initial imaging: Any age (less than 30, 30-39, ≥ 40).</p>
US Breast Density Screening	<p>Reason for exam: Performed to define the visually estimated content of fibroglandular-density tissue within the breasts as additional screening with mammography for dense breast tissue.</p>
US Breast FNA	<p>Reason for exam: Performed for suspected abnormal lesion for the purpose of obtaining sufficient tissue/cells to establish a pathologic diagnosis or to guide appropriate patient management.</p>
US Breast Fluid Aspiration	<p>Reason for exam: Performed for cyst, abscess, or seroma fluid characterization. Performed for therapeutic drainage.</p>
US Breast Biopsy: Core or Vacuum Assisted	<p>Reason for exam: Performed for complex cystic and solid masses, microcalcifications, asymmetries, and architectural distortions:</p> <ol style="list-style-type: none"> 1. Masses are assessed as highly suggestive of malignancy according to the ACR BI-RADS® Atlas (Breast Imaging Reporting and Data System) 2013, BI-RADS® Category 5, to confirm the diagnosis and guide definitive treatment. 2. Masses are assessed as suspicious (BI-RADS® Category 4). 3. There is >1 suspicious mass, particularly in a multifocal or multicentric distribution. 4. Masses are assessed as probably benign (BI-RADS® Category 3) but there are valid clinical indications for biopsy or when short-term-interval imaging follow-up would be difficult or unreasonable (e.g. the patient has a synchronous known breast cancer, is awaiting organ transplantation, plans to become pregnant in immediate future, etc.). 5. Masses seen on directed-ultrasound examination correlate with suspicious areas of enhancement present on contrast-enhanced breast MRI. 6. Microcalcifications seen on directed ultrasound examination correlate with suspicious calcifications visualized on mammography. <p>May be performed in conjunction with marker/clip placement.</p>
Stereotactic Breast Biopsy: Vacuum Assisted	<p>Reason for exam: Performed for mammographically depicted findings (noted above), that are not well seen/identified with ultrasound guidance.</p> <p>May be performed in conjunction with marker/clip placement.</p>
US Breast Possible Needle Core Biopsy	<p>Reason for exam: Refer to reason for exam associated with US Breast and/or US Breast Biopsy - Core or Vacuum Assisted. Used when US with possible biopsy is recommended by the radiologist.</p>
US Axilla R/L	<p>Reason for exam: Performed to evaluate abnormal imaging findings identified on breast ultrasound or mammography.</p> <p>Patient has a new lump/area of palpable concern, a persistent focal area of pain or tenderness, before and after neoadjuvant therapy, assessment of residual lymphadenopathy.</p>
US Axilla FNA	<p>Reason for exam: Performed for histopathologic proof of axillary nodal involvement, abnormal-appearing nodes, or axillary involvement in clinically node-negative patients.</p> <p>Performed to evaluate suspected abnormal lesions for the purpose of obtaining sufficient tissue/cells to establish a pathologic diagnosis or to guide appropriate patient management.</p>
US Axilla Core Biopsy	<p>Reason for exam: Performed when the suspicion of malignancy is high and if abnormal lymph nodes are seen within the axilla or axillary tail. May be performed at the time of initial imaging-guided core biopsy of a suspicious breast mass or at a later time.</p>

Ductogram	Reason for exam: Performed for evaluation of pathologic nipple discharge.
Lab Work: Fluid Aspiration of any lesion	CULTURE, WOUND ABSCESS OR ASPIRATE Specimen Type: Aspirate <ul style="list-style-type: none"> Gram Smear routinely performed by Lab services Sensitivity if indicated by results FLUID CYTOLOGY
Lab Work: US Breast FNA US Axilla FNA	FINE NEEDLE ASPPIRATE Specimen Type: Tissue
Lab Work: Breast Biopsy Axilla Biopsy	SURGICAL PATHOLOGY Specimen Type: Tissue
Medications	Lidocaine 2% Lidocaine 1% HCL 9 mL Lidocaine HCl 1%, 10 mg/ml, 1 mL Sodium Bicarbonate 8.4%, 1 mEq/mL. Local anesthetic. Lidocaine 1% and Epinephrine 1:100,000. Local anesthetic. Lidocaine and Prilocaine Cream 2.5%/2.5%. Local anesthetic. 300mg/ml Omnipaque, 1mL. Use: For ductogram. Spot Endoscopic tattoo ink. Use: Marker Dye. Methylene blue. Use: Marker dye. Acetaminophen, 325mg-650mg
HCG: Urine POC or Plasma	Per radiology parameters/screening questions (pt. indicates pregnant or potentially pregnant).
Contact Radiologist for	Patient is pregnant, Allergy to any medication listed above, Coagulation concerns (See Procedure Guidelines for Perioperative Coagulation Management)

Utilization of the Department Standard: Requirements
<ol style="list-style-type: none"> Provider Visibility: Department Standard is hyperlinked to every breast imaging order for provider visibility. Authentication: Provider must click Per Department Standard "button" on order to authorize use of the Department Standard. Reason for Exam: Reason for exam complies with FDA/MQSA approved guidelines. Order Mode: Per Existing Signed Order. Additional imaging exams are ordered by Diagnostic Imaging staff under the initial ordering provider's name. Communication - Diagnostic Imaging: Diagnostic Imaging staff members have verbal communication with radiologist prior to changing an existing order or placing additional imaging orders. The Diagnostic Imaging Radiologist communicates the reason for changing or placing additional imaging orders to the patient. Result and reminder letters are sent directly to the patient by Diagnostic Imaging per MQSA guidelines. Significant results and associated recommendations are generally also discussed directly with the patient by the radiologist or nurse navigator. Communication - Initial Ordering Provider: The initial ordering provider will receive the radiologist reports for their longitudinal care of the patient. Documentation: The Diagnostic Imaging Radiologist documents medical need for changing/placing additional imaging orders in the EHR dictated radiology report. Review: The Department Standard resides in OHSU's Health Care Policy Management System and is subject to triannual review.
Pending A Provider Order
<ol style="list-style-type: none"> Non-provider imaging staff may enter and pend orders to a provider for authentication when additional imaging exams are indicated. Medical need for order is per the radiologist recommendations and dictated in the radiologist's report.

Common ICD-10 Codes associated with radiologist recommendations			
R92.8	Abnormal Mammo	C50.919	Malignant Neoplasm of Breast: unsp site, unsp estr, unsp laterality
R92.0	Abnormal finding on Mammo, Microcalcifications	C77.3	Carcinoma of breast metastatic to axillary lymph node: unspecified laterality
N60.09	Breast Cyst	N64.59	Thickening of skin of breast
N63	Breast lump or mass	R92.8	Abnormal MRI, breast
N64.4	Pain in the breast	N62	Gynecomastia
N64.52	Nipple Discharge	Z85.3	Personal History of Breast Cancer