



# Saint Alphonus

BREAST CARE CENTER  
6200 W EMERALD ST, BOISE ID 83704

## BREAST/DEXA/HIGH RISK OUTPATIENT ORDER FORM

Centralized Scheduling: (208) 367-8787 Fax: **(208) 367-3390**

Patient Name <b>REQUIRED</b>	DOB <b>REQUIRED</b>	<input type="checkbox"/> M <input type="checkbox"/> F <b>REQUIRED</b>	Patient Phone
Insurance Provider	Narrative Diagnoses: <b>REQUIRED</b>		
Exam Date/Time			
<input type="checkbox"/> Call patient to schedule exam	<b>CC:</b>		
Contact Person at Office <b>REQUIRED</b>	Office Fax <b>REQUIRED</b>	Office Phone <b>REQUIRED</b>	

Provider Name <b>REQUIRED</b>	Provider Signature <b>REQUIRED</b>	Date/Time <b>REQUIRED</b>
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BREAST IMAGING	DEXA	HIGH RISK PROGRAM
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<b>Date of last mammogram:</b>	<b>Date of last DEXA:</b>	<input type="checkbox"/> Risk assessment/genetic counseling
<b>Location of last mammogram:</b>	<b>Location of last DEXA:</b>	<b>Please check any and all indications that apply:</b>

**Please check appropriate box:**

Screening mammography  
 Diagnostic mammography (if indicated)  
 Breast ultrasound (if indicated)  
 **Breast ultrasound biopsy** (if indicated)  
 **Breast Aspiration** (if indicated)  
 **Stereotactic biopsy** (if indicated)

**Please indicate area of concern:**

**DEXA Bone Densitometry** with Forearm if indicated

**Please check any and all indications that apply:**

Post menopause  
 Post-surgical menopause  
 Premature menopause  
 Long-term thyroid treatment  
 Rheumatoid arthritis  
 Contraindication for estrogen therapy  
 Estrogen deficiency  
 Long-term steroid treatment  
 Suspicion of poor calcium intake  
 Anti-convulsant therapy  
 Loss of height (or family history)  
 Vertebral abnormalities  
 Follow-up treatment for prevention/monitoring of osteoporosis  
 Other \_\_\_\_\_

Personal history of  
 Family history of (1<sup>st</sup>/2<sup>nd</sup> degree relative)  
 Breast cancer before age of 50  
 Bilateral or two primary breast cancers  
 Breast cancer at any age and Ashkenazi Jewish ancestry  
 Male breast cancer at any age  
 Ovarian cancer at any age  
 Family history of breast cancer at any age in 3 or more relatives (same side)

ADDITIONAL COMMENTS:

**Please check any and all indications that apply:**

Breast pain  
 Nipple discharge/inversion/retraction or thickening  
 Contusion to the breast  
 Gynecomastia/enlargement  
 6 months f/u  
 Breast mass  RT  LT

**Location of mass:**

Family History  
 Other

**History/indications:**

**ADDITIONAL TESTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BREAST MRI**

**For MRI, call Intermountain Medical Imaging at 367-7522 to schedule.**

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