



RADIOLOGY BIOPSY ORDER

Oncology Coordinator Phone: 763.792.1981

Fax order & H&P to: 763.792.1979. H&P needed for sedation purposes.

PATIENT INFORMATION

Patient name Date of birth Patient phone number
First Middle Last

List of known malignancies Clinical concern

Comparison imaging: No Yes – list type of imaging and location of exam Previous biopsy: No Yes – date/location

Current medication list attached, including anticoagulants and any known allergies. Or list:

PROVIDER INFORMATION AND BIOPSY ORDER

Ordering provider Clinic Clinic phone Clinic fax

Patient's primary healthcare provider Patient's primary care clinic

Clinic contact completing this form Phone number Fax # for PATHOLOGY results

Biopsy requested: R L (if known)

Ordering provider signature (If not electronically signed):

Most ultrasound-guided biopsy procedures will be scheduled at Midwest Radiology Suburban Imaging – Coon Rapids.

MIDWEST RADIOLOGY STAFF COMPLETES

Reviewed by: Date

Biopsy approved: Yes No Core FNA Adequacy Check

High Risk Biopsy: Yes No Action:

Modality: CT US Fluoro IR Procedure by: Available radiologist Interventional radiologist

Patient requires pre & post-care: Yes No Series: Image:

Anticoagulant therapy: No Yes → Ultra low risk Low risk Moderate risk High risk
 Anticoagulant: *Review guidelines and inform patient*

Comments:

Consent to read: Tissue sampling of

Initiate pre-procedure biopsy protocol:

Performing location (SI, Mercy, Unity scheduler): 1. Call pt & schedule 2. Call ordering provider with date/time of scheduled procedure

Procedure to be performed at:

- Midwest Radiology Suburban Imaging – Coon Rapids *US guidance only*
(scheduling 763.792.1999 / fax: 763.792.1938)
- First available at Mercy Campus (IR scheduling 763.236.7683 / fax 763.236.7810)
or Mercy Hospital-Unity Campus (IR scheduling 763.236.4365 / fax: 763.236.4188)

Scheduling notes