

# RADIOLOGY BIOPSY ORDER

Oncology Coordinator Phone: 763.792.1923

Fax order & H&P to Suburban Imaging: 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 care clinic  Patient's primary healthcare provider

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

Biopsy requested:   R  L (if known)

Comments:

**SIGN** Ordering provider signature:

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

## SUBURBAN IMAGING 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:

**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:**

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