

SPIPA

Native Women's Wellness Program Breast Diagnostic Services

Last Name:	First Name:	MI: _	_ DOB:	SSN:
Clinic Location:	Date of Service:		_	
+				
MRI Diagnostic H	ligh-Risk Patient MRI Screening			
Date Requested:			<u></u>	mendations:
Date of Pre-Authorization:	□ Negative (BI-RADS 1) □ Benign findings (BI-R		□ Short	v routine screening -term follow-up: months
Authorized By:	□ Probably benign (BI-F □ Susp. abnormality (BI	•	□ Film (ional Views Comparison
Date Referred:	- Highly aveget malia (BI-RADS 5)	□ Diagr □ Ultras	nostic mammogram Sound
Referral Location:	Assessment incomple	•	□ Biops □ Surgio	y cal Consultation
Date Performed:	□ Unsatisfactory □ Refused			Consultation itive treatment
Results Date:	□ Not done □ Unknown			
Date Pt Notified:				
** All program sponsored so	creening MRIs require prior authorization fro	m SPIPA's N\	WWP Coordinat	tor or Program Manager**
Additional Mammogra	am Views With Film Compar	ison		
Date Requested:			· · · · · · · · · · · · · · · · · · ·	mendations:
Referral Location:	□ Negative (BI-RADS 1) □ Benign findings (BI-R		□ Short	v routine screening -term follow-up: months
Date Referred:	□ Probably benign (BI-F □ Susp. abnormality (BI	=		ional Views Comparison
Date Performed:	□ Highly suggof malig.(BI-RADS 5)	□ Diagr □ Ultras	nostic mammogram Sound
Results Date:	□ Known malig. (BI-RAI □ Assessment incomple	•	□ Biops □ Surgio	y cal Consultation
Date Pt Notified:	□ Unsatisfactory □ Refused			Consultation itive treatment
	□ Not done		2 50	nave dedunione
	□ Unknown			
Ultrasound				·
Date Requested:		.	· · · · · · · · · · · · · · · · · · ·	mendations:
Referral Location:		ADS 2)	□ Short	v routine screening -term follow-up: months
Date Referred:	□ Probably benign (BI-F □ Susp. abnormality (BI	=	□ Film (ional Views Comparison
Date Performed:	□ Highly suggof malig.(l □ Known malig. (BI-RAI		□ Ultras	
Results Date:	Assessment incomplete	-	- Durgh	cal Consultation
Date Pt Notified:	□ Unsatisfactory □ Refused			Consultation itive treatment
	□ Not done			

□ Unknown



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Biopsy			(
Date Requested: Referral Location: Date Referred: Date Performed: Results Date: Date Pt Notified:	Results: Negative (BI-RADS 1) Benign findings (BI-RADS 2) Probably benign (BI-RADS 3) Susp. abnormality (BI-RADS 4) Highly suggof malig.(BI-RADS 5) Known malig. (BI-RADS 6) Assessment incomplete (BI-RADS 0) Unsatisfactory Refused Not done Unknown	Recommendations: Follow routine screening Short-term follow-up: Additional Views Film Comparison Diagnostic mammogram Ultrasound Biopsy Surgical Consultation CBE Consultation Definitive treatment	_ months
Surgical Consultation Clin	ic Breast Exam (CBE) Consultation		·
Date Requested: Referral Location: Date Referred: Date Performed: Results Date: Date Pt Notified:	Results: Negative (BI-RADS 1) Benign findings (BI-RADS 2) Probably benign (BI-RADS 3) Susp. abnormality (BI-RADS 4) Highly suggof malig.(BI-RADS 5) Known malig. (BI-RADS 6) Assessment incomplete (BI-RADS 0) Unsatisfactory Refused Not done Unknown	Recommendations: Follow routine screening Short-term follow-up: Additional Views Film Comparison Diagnostic mammogram Ultrasound Biopsy Surgical Consultation CBE Consultation Definitive treatment	_ months
Final Diagnosis and Case Manager	nent:	Notes:	
Status: Work-up complete Pending Final Diagnosis: Date of Final Diagnosis: Staging: Stage I Stage II III IV Treatment: Started (Date:)	□ Refused □ Lost to follow up —— Unstaged □ Local □ Regional □ Distant		
Provider Signature:	Date:		
Patient Navigation:			
Initial Call Date: Initials: Initials: Initials: Initials: Initials: Certified Home Visit Date: Patient Lost to the street in the street i	d Letter Date: o Follow-up		