

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 <u>attached</u>, including anticoagulants and any known allergies. Or list: _____				

PROVIDER INFORMATION AND BIOPSY ORDER

Ordering provider _____	Clinic _____	Clinic phone _____	Clinic fax _____
Clinic contact completing this form _____	Phone number _____	Fax # for PATHOLOGY results _____	
Biopsy requested: _____ ☐ R ☐ L (if known)			
Ordering provider signature: _____ (If not electronically signed)		Date: _____	

MIDWEST RADIOLOGY STAFF COMPLETES

Reviewed by: _____	Date: _____
Biopsy approved: ☐ Yes ☐ No ☐ Core ☐ FNA ☐ Adequacy Check	
High Risk Biopsy: ☐ Yes ☐ No Action: _____	
Modality: ☐ CT ☐ US ☐ IR	Procedure by: ☐ Available radiologist ☐ Interventional radiologist ☐ PA
Imaging: _____ Series: _____ Image: _____	
Patient requires pre & post-care: ☐ Yes ☐ No	
Anticoagulant therapy: ☐ No ☐ Yes → ☐ Ultra low risk ☐ Low risk ☐ Moderate risk ☐ High risk	
Anticoagulant: _____ Review guidelines and inform patient	
Comments: _____ _____ _____ _____	

Procedure to be performed at:

- ☐ **FNA Requests:** Contact Midwest Radiology Suburban Imaging – Coon Rapids ~ Phone: 763.792.1999 / Fax: 651.681.1280 (US guidance only)
- ☐ **Core Biopsy Requests:** Fax Request to IR Coordinator ~ Fax 763.792.1979 / Phone: 763.792.1981
(Core biopsies are scheduled at Mercy Hospital. Mercy IR scheduling will call patient to schedule. A current H&P is required for cases that may require sedation.)
- ☐ **Pathology Adequacy and Washout Requests:** Contact Mercy IR Scheduling ~ Phone: 763.236.7680 / Fax 612.262.6713