Breast & Cervical CANCER EARLY DETECTION Program of Alabama

BREAST MRI AUTHORIZATION & RESULTS FORM

TRACKING NUMBER REQUIRED

PATIENT INFORMATION (to be completed by the primary provider or breast surgeon's office)

Patient Name (Last Name, First Name) _____
Date of Birth (MM/DD/YYYY) _____ **Social Security Number** _____ **Patient Telephone** _____
Provider Name (Breast Surgeon/Primary Care Provider) _____**Date of Referral** _____
Name of the Referral Hospital _____**Provider Phone** _____

REASON(S) FOR ORDERING A MRI (to be completed by the primary provider/breast surgeon's office)

Please check all that apply:

☐ I. Personal history of breast cancer (Must have documentation of breast cancer)

☐ II. Genetic mutation such as BRCA 1 or 2 (Must have documentation of genetic mutation)

☐ III. Patient has a 1st degree relative with pre-menopausal breast cancer or known genetic mutation such as BRCA 1 or 2 (Must have documentation of breast cancer and/or genetic mutation)

☐ IV. Greater than 20% lifetime risk of breast cancer based on risk assessment models largely dependent on family history (Must have documentation of the patients risk assessment)
(Links: For women 35+ www.cancer.gov/bcrisktool/ and for women under 35 www.crahealth.com/risk-express)

☐ V. History of radiation treatment to the chest area before the age of 30

Signature of Regional Coordinator: _____
Date of Screening MRI: _____Provider Signature: _____

SCREENING MRI RESULTS (Attach a copy of the results, completed by MRI provider)

☐ 1. Negative (Category 1)

☐ 2. Benign Finding (Category 2)

☐ 3. Probably Benign (Category 3)

☐ 4. Suspicious (Category 4)

☐ 5. Highly Suggestive of Malignancy (Category 5)

☐ 6. Known Malignancy (Category 6)

☐ 7. Incomplete: Need Additional Imaging for Evaluation (Category 0)

☐ 8. Results Pending

☐ 9. Not Done

MRI ORDER

☐ 1. Unilateral MRI with or without contrast

☐ Left Breast ☐ Right Breast

☐ 2. Bilateral MRI with or without contrast

Ordering Provider: _____

County Health Dept. Number: _____

County Health Department:

_____

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