



Patient EHR label

# SPIPA

## Native Women's Wellness Program

### Breast Diagnostic Services

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Clinic Location: \_\_\_\_\_ Date of Service: \_\_\_\_\_

☐ MRI Diagnostic ☐ High-Risk Patient MRI Screening

Date Requested: \_\_\_\_\_

Date of Pre-Authorization: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Date Referred: \_\_\_\_\_

Referral Location: \_\_\_\_\_

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 suggest 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: \_\_\_\_\_ months
- ☐ Additional Views
- ☐ Film Comparison
- ☐ Diagnostic mammogram
- ☐ Ultrasound
- ☐ Biopsy
- ☐ Surgical Consultation
- ☐ CBE Consultation
- ☐ Definitive treatment

**\*\* All program sponsored screening MRIs require prior authorization from SPIPA's NWWP Coordinator or Program Manager\*\***

☐ Additional Mammogram Views ☐ With Film Comparison

Date Requested: \_\_\_\_\_

Referral Location: \_\_\_\_\_

Date Referred: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Results Date: \_\_\_\_\_

Date Pt Notified: \_\_\_\_\_

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- ☐ Unsatisfactory
- ☐ Refused
- ☐ Not done
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#### Recommendations:

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- ☐ Biopsy
- ☐ Surgical Consultation
- ☐ CBE Consultation
- ☐ Definitive treatment

☐ Ultrasound

Date Requested: \_\_\_\_\_

Referral Location: \_\_\_\_\_

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Date Performed: \_\_\_\_\_

Results Date: \_\_\_\_\_

Date Pt Notified: \_\_\_\_\_

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- ☐ Biopsy
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Clinic Location: \_\_\_\_\_ Date of Service: \_\_\_\_\_

☐ **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 suggest of malign. (BI-RADS 5)
- ☐ Known malign. (BI-RADS 6)
- ☐ Assessment incomplete (BI-RADS 0)
- ☐ Refused
- ☐ Not done

**Recommendations:**

- ☐ Follow routine screening
- ☐ Short-term follow-up: \_\_\_\_\_ months
- ☐ Additional Views
- ☐ Film Comparison
- ☐ Diagnostic mammogram
- ☐ Ultrasound
- ☐ Biopsy
- ☐ Surgical Consultation
- ☐ CBE Consultation
- ☐ Definitive treatment

☐ **Surgical Consultation**

☐ **Clinic Breast Exam (CBE) Consultation**

Date Requested: \_\_\_\_\_

Referral Location: \_\_\_\_\_

Date Referred: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Results Date: \_\_\_\_\_

Date Pt Notified: \_\_\_\_\_

**Results:**

- ☐ Negative (BI-RADS 1)
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**Recommendations:**

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- ☐ Short-term follow-up: \_\_\_\_\_ months
- ☐ Additional Views
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- ☐ Biopsy
- ☐ Surgical Consultation
- ☐ CBE Consultation
- ☐ Definitive treatment

**Final Diagnosis and Case Management:**

Status: ☐ Work-up complete ☐ Pending ☐ Refused ☐ Lost to follow up

Final Diagnosis: \_\_\_\_\_

Date of Final Diagnosis: \_\_\_\_\_

Staging: ☐ Stage I ☐ Stage II ☐ III ☐ IV ☐ Unstaged ☐ Local ☐ Regional ☐ Distant

Treatment: ☐ Started (Date: \_\_\_\_\_) ☐ Pending ☐ Not Needed ☐ Refused

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Navigation:**

Initial Call Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Second Call Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Initial Letter Date: \_\_\_\_\_ Certified Letter Date: \_\_\_\_\_

Home Visit Date: \_\_\_\_\_ ☐ Patient Lost to Follow-up

Patient Navigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**