

SPIPA

Native Women's Wellness Program Breast Diagnostic Services

	First Name:			SSN:		
Clinic Location:	Date of Service:		_			
+						
MRI Diagnostic Hi	gh-Risk Patient MRI Screening					
Date Requested:	Results:		Recomi	mendations:		
Date of Pre-Authorization:	□ Negative (BI-RADS 1) □ Benign findings (BI-RAE	□ Benign findings (BI-RADS 2)				
Authorized By:	□ Probably benign (BI-RA □ Susp. abnormality (BI-R	•	□ Film (□ Additional Views□ Film Comparison□ Diagnostic mammogram		
Date Referred:		=	□ Diagn □ Ultras	_		
Referral Location:		•	□ Biops	□ Bionsv		
Date Performed:	□ Unsatisfactory □ Refused	☐ Unsatisfactory☐ Refused				
Results Date:	□ Not done					
Date Pt Notified:	□ Unknown					
** All program sponsored scre	eening MRIs require prior authorization from	SPIPA's N	WWP Coordinat	or or Program Manager**		
Additional Mammogran	m Views With Film Comparis	son		•		
Date Requested:	Results:		Recomi	mendations:		
Referral Location:	□ Negative (BI-RADS 1)	oc 2)		v routine screening		
Referral Location:	□ Benign findings (BI-RAI □ Probably benign (BI-RA	-		-term follow-up: months onal Views		
Date Referred:	□ Susp. abnormality (BI-F	=		Comparison		
Date Performed:	□ Highly suggof malig.(BI □ Known malig. (BI-RADS	-	□ Diagn □ Ultras	ostic mammogram ound		
Results Date:	5 (,	☐ Biops	y cal Consultation		
	□ Unsatisfactory	•	Julgit	Consultation		
Date Pt Notified:	□ Refused		□ Defini	tive treatment		
	□ Not done □ Unknown					
Ultrasound	- Cliniowii					
_ Ott asouna			_			
Date Requested:			·	mendations:		
Referral Location:	□ Negative (BI-RADS 1) □ Benign findings (BI-RAI	OS 2)	□ Short	v routine screening -term follow-up: months		
Date Referred:	□ Probably benign (BI-RA □ Susp. abnormality (BI-R	-	□ Film (onal Views Comparison		
Date Performed:	□ Highly suggof malig.(BI	-RADS 5)	□ Diagn □ Ultras	ostic mammogram ound		
Results Date:	·	-	□ Biops □ Surgio	y cal Consultation		
Date Pt Notified:	□ Reruseu			Consultation tive treatment		
	□ Not done					

□ Unknown



SPIPA

Native Women's Wellness Program Breast Diagnostic Services

Last Name:	First Name: MI: _	DOB:	SSN:	
Clinic Location:	Date of Service:	_		
+				
Biopsy				
Date Requested:	Results:	Recomm	Recommendations:	
	□ Negative (BI-RADS 1)		☐ Follow routine screening	
Referral Location:	□ Benign findings (BI-RADS 2) □ Probably benign (BI-RADS 3)		□ Short-term follow-up:□ Additional Views	
Date Referred:	— □ Susp. abnormality (BI-RADS 4)	□ Susp. abnormality (BI-RADS 4) □ Film Comparison		
Date Performed:	□ Highly suggof malig.(BI-RADS 5)	_	□ Diagnostic mammogram□ Ultrasound	
D	□ Known malig. (BI-RADS 6)	□ Biopsy	unu	
Results Date:	□ Assessment incomplete (BI-RADS (- Durgica	l Consultation	
Date Pt Notified:	□ Not done		nsultation ve treatment	
Surgical Consultation	Clinic Breast Exam (CBE) Consultation	1		,
Date Requested:		·	endations:	
Deferred Legation.	□ Negative (BI-RADS 1)		routine screening	months
Referral Location:	□ Benign findings (BI-RADS 2) □ Probably benign (BI-RADS 3)	□ Snort-ti	erm follow-up: nal Views	months
Date Referred:	☐ Susp. abnormality (BI-RADS 4)	□ Film Co	mparison	
Date Performed:	LUILL C U (DI DADCE)	_	stic mammogram	
	□ Known malig. (BI-RADS 6)	□ Ultraso□ Biopsy	una	
Results Date:)) □ Surgica	l Consultation	
Date Pt Notified:	□ Refused □ Not done		nsultation ve treatment	
Final Diagnosis and Case Management:			Notes:	
Status: Work-up complete Pe	ending □ Refused □ Lost to follow up			
Final Diagnosis:				
Date of Final Diagnosis:				
-	□ 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: Patie	ent Lost to Follow-up			
Patient Navigator Signature:	Date:			