Morehead Medical Plaza 1025 Morehead Medical Dr., Suite 150 Charlotte, NC 28204

To schedule: fax form to <b>704.332.2910</b> or call <b>704.367</b>	7.2232 or 1.877.362.2232	To be completed by office staff
<b>Physician Information</b> An order is not needed for SBU, but we request an order to patient's time, by performing any additional follow-up tests appointment. (Any follow-up needed is determined by the	at the time of their	Appointment Date:
□ Screening Breast Ultrasound (SBU), along with	h any additional tests, which	Appointment Time:
may include: mammogram, biopsy, and/or cy	/st aspiration (if needed).	Appointment Location:
MD Office Contact	MD Office Fax	
Ordering MD	CC Report to	
MD Signature	Order Date	

## **Clinical Indications**

U We recommend screening breast ultrasound for patients who have dense breast tissue on mammograms, along with a risk factor for breast cancer. Our current clinical indications are as follows:

- 1. Patient has had a negative mammogram within the past 6 months.
- 2. Patient has **dense breast tissue**, defined on a prior mammogram as either "C" or "D" density pattern.
- 3. Patient has at least one risk factor for breast cancer, such as:
  - a) Personal history of breast or ovarian cancer
  - b) History of breast biopsy showing ADH, LCIS, ALH or other atypical pathology
  - c) Family history of breast cancer
  - d) Patients who would otherwise be appropriate for high-risk MRI screening, such as BRCA-positive patients, but cannot have MRI for financial or other reasons including claustrophobia, contrast contraindication, or metal/devices precluding MRI

## Patient Information Please complete in full

Patient Name		DOB
Phone (H)	(W)	(C)
Insurance		
Location of prior films		Preferred day/time