

Order for Screening Breast Ultrasound (SBU/ABUS)

CharlotteRadiology®
Breast Centers

Physician Information

A physician order is required for Screening Breast Ultrasound (SBU) and Automated Breast Ultrasound (ABUS).

- Any follow up or additional tests needed are determined by SBU/ABUS findings and may include mammogram, needle biopsy, and/or cyst aspiration (if needed).

FAX Order to Schedule: 704.332.2910 or enter directly into EPIC.

To speak with our Charlotte Radiology Scheduling Team, call 704.367.2232.

To be completed by office staff

Appointment Date:

Appointment Time:

Appointment Location:

MD Office Contact

MD Office Fax

Ordering MD

CC Report to

MD Signature

Order Date

- The interpreting physician may modify the test design, including number of views, thickness of tomographic sections, and use or non-use of contrast.

Clinical Indications

- 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 12 months**.
2. Patient has **dense breast tissue**, defined on a prior mammogram as either "C" or "D" density pattern.
3. Patients age 25 and older and/or with "A" or "B" density that have at least one of the following risk factors:
 - 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
 - e) SBU recommended by a radiologist in a prior report

Patient Information Please complete in full

Patient Name

DOB

Phone (H)

(W)

(C)

Insurance

Location of prior films

Preferred day/time



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