

Written Orders

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Physician Written Orders

What is it:

- A Physician Written Order is not required for a screening mammogram but, a physician name must be provided to send a copy of the results to
 - Note: Some referring physicians require a written order even for a screening mammogram
- All other exams performed, require a written order

Why:

- The requirement of a written order, ensures the proper exam is performed and that a qualified healthcare provider has ordered the exam
- The written order must have the order physician's signature or stamp, the date of the order, and the exam that is being requested.

Additional Notes:

- An order form is accepted, does not need to be WR/Solis Written Order form

Example:

PHYSICIAN'S WRITTEN ORDER

Clinical History, Symptoms, or Reason for Exam (Required)

ULTRASOUND 2D/3D/4D

<input type="checkbox"/> Complete Abdomen	<input type="checkbox"/> Pelvic Transabdominal only	<input type="checkbox"/> Venous Doppler Imaging of:
<input type="checkbox"/> Limited Abdomen (eg. hernia, lump, gallstones)	<input type="checkbox"/> Pelvic including Transvaginal and Doppler PRN	<input type="checkbox"/> Testicular w/ Doppler
<input type="checkbox"/> Liver Elastography	<input type="checkbox"/> OB _____ weeks PRN TV Doppler	<input type="checkbox"/> Sonohysterogram (SHG)
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> BPP Doppler _____ weeks	<input type="checkbox"/> Thyroid - <input type="checkbox"/> FNA
<input type="checkbox"/> Interventional Studies	<input type="checkbox"/> OB/NT (11 weeks 1 day-13 weeks 6 days) PRN	<input type="checkbox"/> Lymph Node Map of Neck
<input type="checkbox"/> Joint Injection	<input type="checkbox"/> TV Doppler	<input type="checkbox"/> Aorta (AAA)
<input type="checkbox"/> Nerve Injection	<input type="checkbox"/> Without blood draw	<input type="checkbox"/> Renal
<input type="checkbox"/> Aspiration	<input type="checkbox"/> Carotid Doppler	<input type="checkbox"/> Bladder
	<input type="checkbox"/> Renal Arterial Doppler	<input type="checkbox"/> Transrectal Prostate

BREAST STUDIES 2D/3D

<input type="checkbox"/> Screening Mammogram with additional views and/or US, PRN	<input type="checkbox"/> Cyst Aspiration
<input type="checkbox"/> Diagnostic Mammogram, US/Cyst Aspiration PRN	<input type="checkbox"/> Ultrasound Biopsy
<input type="checkbox"/> Screening Breast Ultrasound	<input type="checkbox"/> Stereotactic Biopsy
<input type="checkbox"/> Diagnostic Breast Ultrasound	<input type="checkbox"/> 3D Breast Biopsy
<input type="checkbox"/> Mammogram PRN	<input type="checkbox"/> MRI Biopsy
	<input type="checkbox"/> Breast MRI

Indicate Area of Concern

Right Left

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