



# Detailed Order Request Checklists for Breast MRI Exams

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## Getting ready to place an order

Knowing what information you will need for each order saves time. Our breast MRI order request checklists can help you identify and collect the information you need to have available when entering an order request. We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit an order.

### INFORMATION YOU'LL NEED FOR BREAST MRI ORDER REQUESTS

For ALL breast MRI order requests, you will need:

- ☐ Patient first and last name
- ☐ Ordering provider first and last name
- ☐ CPT code and the name of the exam you're requesting
- ☐ Diagnostic code (ICD9) or name of your patient's diagnosis
- ☐ The name and location of the facility where the exam will be performed

For MOST breast MRI order requests, you may also need:

- ☐ Any previous breast imaging exams, the date and results
- ☐ Biopsy results
- ☐ Reason or indication for ordering this exam
- ☐ Lifetime risk of breast cancer (a number of breast cancer risk assessment tools are available on the internet that can assist in calculating the percentage of risk for your patient)
- ☐ Physician's plan for the patient
- ☐ Patient's prior breast history including family history
- ☐ Implant history

Looking for a specific exam?

The following pages list the information that is typically required for specific breast MRI exams and associated diagnoses. Not all information is needed for every exam, and sometimes additional information is required, however to be thoroughly prepared it is suggested to gather this information from or have access to the patient's chart prior to starting your order request.

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## Breast MRI

### SCREENING

- ☐ Dates and specific results of prior breast MRI screening (BI-RADS, inconclusive)
- ☐ Lifetime risk of breast cancer (a number of breast cancer risk assessment tools are available on the internet that can assist in calculating the percentage of risk for your patient)
- ☐ Breast cancer risk factors (genetic mutation, history of radiation to the chest, or history of LCIS, atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH) on biopsy)
- ☐ Family history of breast cancer
- ☐ History of BRCA mutation, Li Fraumeni Syndrome, Cowden Syndrome, or Bannayan Riley Ruvalcaba Syndrome

### DIAGNOSTIC

- ☐ Dates and specific results of mammogram, breast ultrasound, and clinical examination (inconclusive imaging, BI-RADS, or not done)
- ☐ Date and result of biopsy or reason why biopsy cannot be done
- ☐ Cancer indications (neoadjuvant chemotherapy, invasive carcinoma, extension into muscle, or post lumpectomy with positive margins)
- ☐ Surgical history
- ☐ Reason for breast MRI diagnostic exam (recurrence, differentiate a palpable mass from surgical scar tissue, evaluation of patient with history of tissue transfer flaps, breast cancer, axillary lymph nodes with breast primary suspected, BI-RADS, or lesion characterization)

### IMPLANT RUPTURE

- ☐ Type of implant (saline or silicone)
- ☐ Reason for and date of implant placement (cosmetic or reconstructive)
- ☐ Dates and *specific* results of prior screening breast MRI or ultrasound for implant rupture
- ☐ Reason for imaging (screening or symptoms of rupture)