

UMC Health System MA MAMMO DIAGNOSTIC (RIGHT)	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Diagnostic Tests

YOU MUST CHOOSE ONE ORDER

MA Mammo Diagnostic (Right)

MA Mammo Diagnostic Implant (Right)

...Additional Orders

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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

