UMC Health System

MA MAMMO DIAGNOSTIC W/O TOMO (RIGHT)

Patient Label Here

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 w/o Tomo (Right)
	MA Mammo Diagnostic Implant w/o Tomo (Ri (MA Mammo Diagnostic Implant w/o Tomo (Right))
	...Additional Orders
	.

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____