

<p><b>UMC Health System</b></p> <p>MA MAMMO SCREEN (LEFT)</p>	<p>Patient Label Here</p>
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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 Screen (Left)**

**MA Mammo Screen Implant (Left)**

**...Additional Orders**

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TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

