

<p>UMC Health System</p> <p>MA MAMMO SCREEN W/O TOMO (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 w/o Tomo (Left)

MA Mammo Screen Implant w/o Tomo (Left)

...Additional Orders

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TO
 Read Back
 Scanned Powerchart
 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____