Edward-Elmhurst HEALTH | Healthy Driven

Breast Core Biopsy Requisition

Department of Surgical Pathology, 801 S. Washington Street, Naperville, IL 60540 Tel: (630) 527-3460 Fax: (630) 527-3911

Client Demographics	Patient Information/ Label Name: Medical Record Number: DOB: Age: Billing number:

Requisition prepared by:_____ Date of Service: _____ Time of Procedure:_____

Location: Mammography ☐ Ultrasound ☐ MRI ☐ Other: _____

CLIENT INFORMATION

Submitting Physician: _____ Primary Physician: _____

Additional Physician with Fax number: _____

SPECIMEN(S) SUBMITTED

A LEFT / RIGHT _____O'clock Stereotactic ___ U/S ___ MRI ___ No. of containers_____

Upper Inner ____ Upper Outer____ Lower Inner____ Lower Outer ____ Central _____ Gauge of Needle _____

Mass_____ Asymmetry _____ Palpable mass without _____ Calcifications _____ Enhancement _____
Radiographic Abnormality

BIRADS 3 _____ BIRADS 4A ____ B _____ C _____ BIRADS 5 _____

Time Breast Tissue Excised: _____HR. _____ MIN. **Time Breast Tissues placed in Formalin**: _____ HR. _____ MIN.

B LEFT / RIGHT _____O'clock Stereotactic ___ U/S ___ MRI ___ No. of containers_____

Upper Inner ____ Upper Outer____ Lower Inner____ Lower Outer ____ Central _____ Gauge of Needle _____

Mass_____ Asymmetry _____ Palpable mass without _____ Calcifications _____ Enhancement _____
Radiographic Abnormality

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BIRADS 3 _____ BIRADS 4A ____ B _____ C _____ BIRADS 5 _____

Time Breast Tissue Excised: _____HR. _____ MIN. **Time Breast Tissues placed in Formalin**: _____ HR. _____ MIN.

For any patient of any payer, only order those test which are medically reasonable and necessary for the diagnosis and treatment of the patient as defined by Medicare. Some tests have diagnosis and/or frequency limitations and may not be covered. 1/2020