

Physician Web Scheduler (PWS) Approved Procedures

Mammography (5)

MAMM BILAT/UNI SCREENING *WHEELCHAIR/SPEC NEEDS ONLY* (MODIFY)

MAMM BILATERAL SCREENING

MAMM IMPLANTS (MAMM I)

MAMM SCREENING UNILATERAL (MAMM SCREENING UNI)

MAMM TITLE 15 SCREENING

Procedure Full Record

MUNSON HEALTHCARE

Procedure: MAMM BILAT/UNI SCREENING *WHEELCHAIR/SPEC NEEDS ONLY* (MODIFY)

Notes

IF DIAGNOSIS IS **NOT "SCREENING"**, DO NOT SCHEDULE.
IF BREAST CANCER IS LESS THAN 2 YEARS SHOULD BE A DIAGNOSTIC.
CALL ONE OF THE FOLLOWING TO SCHEDULE A DIAGNOSTIC:

KMHC (231)258-7533

MERCY CADILLAC (231)876-7352

MERCY GRAYLING (989)348-0380

POMH (231)352-2260

SMITH FAMILY BREAST HEALTH CENTER (231)935-2185

SUTTONS BAY (231)935-2185

DOES PATIENT HAVE **SPECIAL NEEDS THAT REQUIRE ADDITIONAL RESOURCES (WHEELCHAIR, WALKER, SCOOTER)?**

IF YES, CONTINUE SCHEDULING.

IF NO, GO BACK AND SELECT APPROPRIATE BILAT/UNI SCREENING.

IS PATIENT UNDER 30 YEARS?

IF YES, ORDERING DOCTOR MUST CHECK W/RADIOLOGIST TO SEE IF MAMM SHOULD BE DONE.

DOES THE PATIENT HAVE BREAST IMPLANTS?

IF YES, RETURN TO SCHEDULING & SELECT MAMM I.

IS PATIENT USING TITLE 15 PROGRAM?

IF YES, RETURN TO SCHEDULING & SELECT MAMM TITLE 15 SCREEN.

SCREENING MAMMOGRAMS ARE NOT READ THE SAME DAY OF EXAM.

CADILLAC: IF PATIENT HAS IMPLANTS, SCHEDULE FOR 30 MINUTES.

Default Preparations

Patient should not use powders, deodorants or creams on their under arms or breasts.

If previous Mammograms were not done at appointment location, a film release authorization will be made available for signature at time of exam. If you have the films in your possession, please bring them with you.

Arrive 15 minutes before appointment time.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: MAMM BILAT/UNI SCREENING *WHEELCHAIR/SPEC NEEDS ONLY* (MODIFY)

Linked Resources

Level: Primary Resources-ROOM	Type: Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
CR/MAMM 1-COPPER RIDGE	COPPER RIDGE - TRAVERSE CITY				0	25
CR/MAMM 2-NLOC- COPPER RIDGE	COPPER RIDGE - TRAVERSE CITY				0	25
K/MAMMOGRAM-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
PRU/MAMM-BONE DENSITY	MERCY FAMILY CARE PRUDENVILLE				0	25
C/MAMMOGRAM RM 1	MERCY HOSPITAL CADILLAC				0	15
G/MAMMOGRAM RM1	MERCY HOSPITAL GRAYLING				0	10
P/MAMMOGRAM-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

NOTES & PREPS

MUNSON HEALTHCARE

Procedure: MAMM BILATERAL SCREENING

Notes

**IF DIAGNOSIS IS NOT "SCREENING", DO NOT SCHEDULE.
CALL ONE OF THE FOLLOWING TO SCHEDULE A DIAGNOSTIC:**

KMHC (231)258-7533
MERCY CADILLAC (231)876-7352
MERCY GRAYLING (989)348-0426
POMH (231)935-2185
SMITH FAMILY BREAST HEALTH CENTER (231)935-2185
SUTTONS BAY (231)935-2185

IS PATIENT UNDER 30 YEARS?

IF YES, ORDERING DOCTOR MUST CHECK W/RADIOLOGIST
TO SEE IF MAMM SHOULD BE DONE.

DOES THE PATIENT HAVE BREAST IMPLANTS?

IF YES, RETURN TO SCHEDULING & SELECT MAMM I.

IS PATIENT USING TITLE 15 PROGRAM?

IF YES, RETURN TO SCHEDULING & SELECT MAMM TITLE 15 SCREEN.

SCREENING MAMMOGRAMS ARE NOT READ THE SAME DAY OF EXAM.

Default Preparations

Patient should not use powders, deodorants or creams on their under arms or breasts.

If previous Mammograms were not done at appointment location, a film release authorization will be made available for signature at time of exam. If you have the films in your possession, please bring them with you.

Patient needs to bring doctors orders with them and report 15 minutes before appointment time.

NOTES & PREPS

MUNSON HEALTHCARE

Procedure: MAMM I

Notes

**IF DIAGNOSIS IS NOT "SCREENING", DO NOT SCHEDULE.
CALL ONE OF THE FOLLOWING TO SCHEDULE A DIAGNOSTIC:**

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SUTTONS BAY (231)935-2185

IS PATIENT UNDER 30 YEARS?

IF YES, ORDERING DOCTOR MUST CHECK W/RADIOLOGIST
TO SEE IF MAMM SHOULD BE DONE.

IS THE PATIENT USING TITLE 15 PROGRAM?

IF YES, OK TO SCHEDULE. MUST MODIFY WITH TITLE 15.

PATIENT WITH IMPLANTS ARE NOT SCHEDULED AT SUTTONS BAY.

SCREENING MAMMOGRAMS ARE NOT READ THE SAME DAY OF EXAM.

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NOTES & PREPS

MUNSON HEALTHCARE

Procedure: MAMM SCREENING UNI

Notes

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CALL ONE OF THE FOLLOWING TO SCHEDULE A DIAGNOSTIC:**

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MERCY CADILLAC (231)876-7352
MERCY GRAYLING (989)348-0426
POMH (231)935-2185
SMITH FAMILY BREAST HEALTH CENTER (231)935-2185
SUTTONS BAY (231)935-2185

IS PATIENT UNDER 30 YEARS?

IF YES, ORDERING DOCTOR MUST CHECK W/RADIOLOGIST
TO SEE IF MAMM SHOULD BE DONE.

DOES THE PATIENT HAVE BREAST IMPLANTS?

IF YES, RETURN TO SCHEDULING & SELECT MAMM I.

IS PATIENT USING TITLE 15 PROGRAM?

IF YES, RETURN TO SCHEDULING & SELECT MAMM TITLE 15 SCREEN.

SCREENING MAMMOGRAMS ARE NOT READ THE SAME DAY OF EXAM.

Default Preparations

Patient should not use powders, deodorants or creams on their under arms or breasts.

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NOTES & PREPS

MUNSON HEALTHCARE

Procedure: MAMM TITLE 15 SCREENING

Notes

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IS PATIENT UNDER 30 YEARS?

IF YES, ORDERING DOCTOR MUST CHECK W/RADIOLOGIST
TO SEE IF MAMM SHOULD BE DONE.

DOES THE PATIENT HAVE BREAST IMPLANTS?

IF YES, RETURN TO SCHEDULING & SELECT MAMM I - MODIFY TITLE 15. .

SCREENING MAMMOGRAMS ARE NOT READ THE SAME DAY OF EXAM.

Default Preparations

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Questionnaire Designer - MAMMOGRAMS

Does the patient have breast implants?

Does the patient have a lump or mass?

Did the patient have a previous mammogram?

If yes, where were the previous mammograms done and the date?

Make sure the date is 1 yr. from last mammogram or 3-6 mo for follow up.

IF PREVIOUS MAMMOGRAMS WERE NOT DONE AT A MHC/MERCY FACILITY,
PLEASE HAVE THE PATIENT LOCATE FILMS AND HAVE THEM SENT TO SCHEDULED FACILITY.

Is the location of previous films/images unknown?

Providing the facility, town, state or ordering physician's name is helpful:

Does patient need assistance obtaining films/images? The Film/Image Release Form is available at MyMunson.org.
Please complete and fax to the scheduled facility. MHC/Mercy staff will assist the patient in film/image retrieval.

If additional films are needed, may we call the patient at work? Work phone number?

Is the Diagnosis Hx of Breast Cancer?

Is patient wheelchair bound or severely handicapped?

If YES, did you select MAMM BILAT/UNI SCREENING "WHEELCHAIR/SPEC NEEDS ONLY" procedure?

**MODIFY if patient is wheelchair bound, severely handicapped or other special needs.
DO NOT SCHEDULE AFTER 4:00PM.**

PLEASE REMIND PATIENT/DOCTOR'S OFFICE WHICH FACILITY.

Comment 1:

Comment 2:

OK

Cancel

Help