



BREAST MRI AUTHORIZATION & RESULTS FORM
ALABAMA BREAST AND CERVICAL CANCER
EARLY DETECTION PROGRAM (ABCCEDP)

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TRACKING NUMBER (REQUIRED)

PATIENT INFORMATION (to be completed by the primary provider/breast surgeon's office)

Patient Name (Last Name, First Name) _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Patient Telephone _____

Provider Name (Breast Surgeon/Primary Care Provider) _____ Date of Referral _____

Name of the Referral Hospital _____ Provider Phone _____

REASON(S) FOR ORDERING MRI (to be completed by the primary provider/breast surgeon's office)

Please check all that apply:

- I. Patient has a BRCA mutation (documentation required)
- II. Patient has a 1st degree relative who is a BRCA mutation Carrier (documentation required)
- III. Lifetime risk of >20% as defined by risk assessment models such as BRCAPRO (documentation required)
- IV. Had radiation treatment to the chest between ages 10-30
- V. Personal history of genetic syndromes like Li-Fraumeni Syndrome

Signature of the Regional Coordinator _____

Date of Screening MRI _____ Provider Name _____

SCREENING MRI RESULTS (Attach a copy of the results, completed by MRI provider)

- 1. Negative (Category 1)
- 2. Benign Finding (Category 2)
- 3. Probably Benign indicated (Category 3)
- 4. Suspicious (Category 4)
- 5. Highly Suggestive of Malignancy (Category 5)
- 6. Known Malignancy (Category 6)
- 7. Incomplete – Need Additional Imaging Evaluation (Category 0)
- 8. Results Pending
- 9. Not done

RISK ASSESSMENT LINKS:

For women 35+: www.cancer.gov/bcrisktool/ and for women under 35 use: www.crahealth.com/risk-express