

RADIOLOGY LTD. BREAST NAVIGATOR PROGRAM

Opt In to Participate

Name _____ Address _____

Practice _____ Suite _____

Specialty _____ City _____ Zip _____

Office Point of Contact _____ Phone _____ Fax _____

Results Preferences

Would you like the Navigator to communicate biopsy results to your patient? Yes No

Referral Preferences

Patients needing a surgical consult will be provided with a list of breast surgeons. Please list your preferences, if any:

Breast Surgeon(s) preferences _____

Are there any other specific requests you have for the Navigator?

The Navigator will provide you with a letter summarizing the meeting with the patient.
If you prefer additional communications via phone/email please indicate here:

Form Completed by _____ Date _____

Please send completed form to: Mandy.Davis@Radltd.com OR Fax: 520-545-1848, ATTN: Mandy

For questions about our Breast Patient Navigation Program and how it can be customized to fit the needs of your practice, please call Mandy Davis at 520-545-1828

Form must be completed and returned to participate in the Breast Navigation Program.