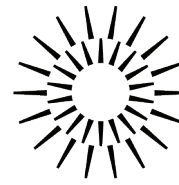


Carol Milgard Breast Center



4525 S 19th St, Tacoma WA 98405 | tel [253] 759-2622 | fax [253] 759-4196 | www.carolmilgardbreastcenter.com

PROVIDER PREFERENCE FORM RETURN FAX (253) 759-4196

PROVIDER INFORMATION

FULL NAME _____
PRACTICE _____
SPECIALTY _____
PHONE (BACK LINE) _____
EMAIL _____
ADDRESS _____
CITY _____ ZIP _____
OFFICE STAFF ASSIGNED _____

POST BIOPSY RESULTS

- I want CMBC's NP to provide my patients with post biopsy results and coordinate the next care appointment.
- I will continue to provide my patients with their post biopsy results and coordinate the next care appointment.

PROVIDER SIGNATURE (Required)

_____ Date _____

NEXT CARE APPOINTMENT

During the appointment when patients are given their biopsy results, we will schedule their next appointment according to your preference.

What is your scheduling preference?

- I want my patients scheduled with a breast surgeon within the following system:
 - CHI Franciscan Health
 - MultiCare Health System
- I want my patients scheduled with the following breast surgeon:

Name _____
Practice _____
Phone _____
Address _____
City/Zip _____

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