

**Olga Aleksandrova, M.D**

Internal Medicine Physician

NPI: 1154740553



7491 Conroy Windermere Road, Orlando

Ph: (407) 717-4400

Fax: (801) 769-0862

**STAT Referral for Radiography**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Dx:** \_\_\_\_\_

**Imaging:** ultrasound-guided core needle biopsy is recommended. RIGHT BREAST

Please feel free to call our office at (407) 717-4400 if you have any questions or comments about imaging order

**Olga Aleksandrova M.D**

A handwritten signature in black ink, appearing to read "Olga Aleksandrova", is written over the printed name.

**Date:** \_\_\_\_\_