RADIOLOGY REFERRAL FORM - BREAST

DIAGNOSTIC IMAGING NW
A MULTICARE HEALTH SYSTEM AND TRA MEDICAL IMAGING PARTNERSHIP

Appointment

Exam: _____ Date: _____

Time: _____ ❑ Call patient to schedule ❑ Patient will call to schedule

Patient Information

Date: _____ Referring Provider: _____

Patient Name: _____ D.O.B.: _____

Phone: _____ Interpreter Needed (language): _____

Height: _____ Weight: _____ Pregnant: ❑ Yes ❑ No Allergies: _____

Breast Cancer History: ❑ LT ❑ RT Mastectomy History: ❑ LT ❑ RT

Implants: ❑ Yes ❑ No Primary Care Provider: _____

Written Diagnosis/Reason/Symptom for Exam(s) - REQUIRED

_____

_____

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. ***Rule out, Possible or Probable Conditions cannot be coded.*** *For Medicare Policy information see the Part B Bulletin or noridian.com/medweb*

Report

Call STAT: (_____) _____ - _____

Fax STAT: (_____) _____ - _____

Fax Routine: (_____) _____ - _____

Additional Report to: _____

Images

❑ CD ROM ❑ Web PACS

❑ CMC PACS ❑ Providence PACS

❑ Deliver to my office

❑ Send with patient

Insurance Information *(Send copy of patient's insurance card when faxing this referral)*

Insurance(s): _____

Authorization #: _____

Prior Exams

Date Facility Location

_____ _____

_____ _____

SCREENING SERVICES

Mammography

Date of last mammogram: _____

Mammogram (asymptomatic): ❑ LT ❑ RT

Bone Densitometry (DEXA)

❑ Spine and Femur

❑ Other: _____

DIAGNOSTIC SERVICES

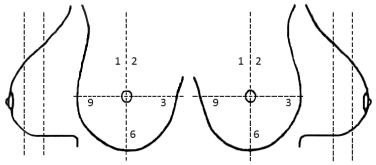
❑ Mammogram (symptomatic): ❑ LT ❑ RT ❑ BILAT

(*Ultrasound if needed*)

❍ Needle biopsy if indicated

❑ Stereotactic Breast Biopsy: ❑ LT ❑ RT ❑ BILAT

Indicate area of concern:



❑ Radiologist may change order: ❑ Yes ❑ No

❑ Can perform additional imaging as needed per protocol: ❑ Yes ❑ No

(i.e additional views, follow-up ultrasound, etc.)

Surgical Breast Localization

Please note: details for ***each site*** *to be localized are required.*

❑ Right ❑ Left Site: _____

❑ Wire Placement ❑ Radar Localization

❑ Right ❑ Left Site: _____

❑ Wire Placement ❑ Radar Localization

❑ Right ❑ Left Site: _____

❑ Wire Placement ❑ Radar Localization

❑ Right ❑ Left Site: _____

❑ Wire Placement ❑ Radar Localization

Ultrasound

❑ Breast (limited): ❑ LT ❑ RT ❑ BILAT

❑ Breast (complete): ❑ LT ❑ RT ❑ BILAT

❑ Breast Cyst Aspiration: ❑ LT ❑ RT ❑ BILAT

❑ Guided Breast Biopsy: ❑ LT ❑ RT ❑ BILAT

Document Palp Abn: _____

O'clock: _____ N+: _____

MRI

Patient has a pacemaker or implanted device: ❑ Yes ❑ No

Creatinine/GFR: _____ Date Drawn: _____

❍ Creatinine blood draw at radioloist's discretion

❑ Breast MRI bilat with contrast

❍ Limited Chest MRI if indication (radiologist's discretion)

❑ Breast MRI Guided Breast Biopsy: ❑ LT ❑ RT ❑ BILAT

❑ Implant integrity

-> Silicone breast implants

-> Non contrast

Referring Provider Signature (Required for exam) ⟶ _____

EXAM LOCATION GRID

Preparing for your mammogram: wear a two-piece outfit; do not wear powder, deodorant, or lotion to exam.

	Bone Densitometry	Mammogram Screening	Mammogram Diagnostic	Breast Ultrasound	Needle Localization	MRI Breast Biopsy	Mammogram Breast Biopsy	Ultrasound Breast Biopsy	Breast Cyst Aspiration
BONNEY LAKE									
Diagnostic Imaging Northwest **Bonney Lake Imaging Center** 21110 SR 410 E, Ste 110 Bonney Lake WA 98391		●							
OLYMPIA									
TRA Medical Imaging **TRA Olympia - on Lilly** 500 Lilly Rd NE, Ste 160 Olympia WA 98506	●	●	●	●	●		●	●	●
PUYALLUP									
Diagnostic Imaging Northwest **Puyallup Imaging Center** 222 15th Ave SE Puyallup WA 98372	●	●	●	●	●	●	●	●	●
Diagnostic Imaging Northwest **Sunrise Imaging Center** 11212 Sunrise Blvd E, Ste 200 Puyallup WA 98372	●	●							
TACOMA									
Carol Milgard Breast Center 4525 S 19th St Tacoma WA 98405	●	●	●	●	●	●	●	●	●
TRA Lakewood 5919 100th St SW, Lakewood WA 98499	●	●							

CONTACT INFORMATION

Diagnostic Imaging Northwest:
Phone: 253-841-4353
Fax: 253-446-3973

TRA Medical Imaging:
Pierce Phone: 253-761-4200
Pierce County Fax: 253-761-4201
Thurston County Phone: 360-413-8383
Thurston County Fax: 360-413-8323

Carol Milgard Breast Center:
Phone: 253-759-2622
Fax: 253-572-4324