

EMORY HEALTHCARE

BREAST IMAGING CENTER

MAMMOGRAPHY CENTRALIZED SCHEDULING

Phone # 404-778-PINK (8-7465)
Fax # 404-778-3095

Emory Midtown Scheduling Center

Phone # 404-686-XRAY (6-9729)
Fax # 404-686-5777

Medical Record Number: _____

Patient Name: (Last Name, First Name, MI): _____

Date of Birth: _____ **Weight:** _____ Male Female

Insurance Plan: _____

FSC #: _____ **Insur Member #:** _____

Referral #[†]: _____

Precert #[‡]: _____

[†] Referral #: Provide PCP to Specialist referral #. [‡] Precert # must be provided if exam is to be done within 4 days of order.

Required information needed to schedule:

Attending MD Name: _____

UPIN #: _____ **UPIN needed for non-TEC physicians**

Office Phone: _____ **Fax:** _____

Contact Requesting Physician @: _____

Office Contact: _____ **Phone:** _____

Patient's Phone (H/W/Cell): _____

Radiology to call patient to schedule exam? Yes No

(If yes) Best time to Call Patient: _____

Diagnosis/Indications: _____

ICD-9 Codes: _____

SCREENING Mammogram: _____ **Date of last screen:** _____

Bilateral Unilateral R Unilateral L History of Breast Cancer **Pregnant?** Yes No

Comprehensive Referral Request – Authorizing Breast Imaging Physicians to schedule follow up Mammography related treatment to complete patient management & improve quality and efficiency of patient care. Individual order will not be required.

(Pt. to Bring Outside Films & Reports from previous 5 years)

- **Diagnostic Mammogram with (760912)** Bilateral Left Right
- Breast Ultrasound (if indicated) (7664526)
- Fine Needle Aspiration (if indicated) (10022, 7694226)
- Cyst Aspiration (if indicated) (19000, 7694226)
- U/S Core Biopsy (if indicated) (19102, 7694226)
- Stereotactic Core Biopsy (if indicated) (19103, 19295, 7609526)
- Ductogram
- Wire Localization
- Read Outside films for second opinion
- **MRI of Breast***
- **MRI of Breast Biopsy**

Single Procedure Referral (check one)

By checking this box we will need orders for each of the procedures listed below before we can proceed.

(Pt. to Bring Outside Films & Reports from previous 5 years)

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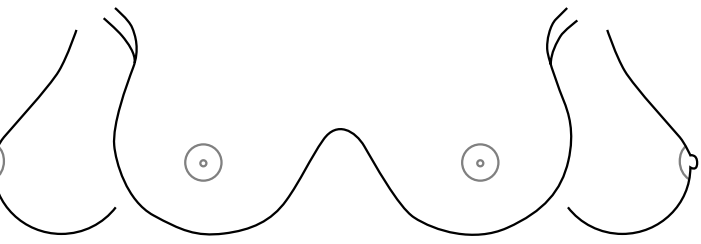
DIAGNOSTIC Mammogram **Urgency:** Stat (Call) Same Day (Call) Routine

Please specify signs/symptoms of concern:

Change in color or surface of breast or nipple.
Nipple discharge.
Painful or tender breast, unrelated to menses.
Palpable mass or lump.
Personal history of breast cancer.
Follow-up of suspicious mass or lesion.
Metastasis (unknown primary).
Abnormal mammographic finding.

Clinical Concern: _____

Clinical Findings:



Right **Left**

***For MRI please circle indication:** High Risk Screen Discrepant finding Physical Exam/Imaging New Dx CA CA f/u

All Diagnostic, multiple procedure referrals are intended for up to 5 (five) visits occurring in up to 30 (thirty) days

Physician Signature: _____ **(MD, DO, NP, PA)** **Date:** _____

- Radiology will contact you within 48 hours, if necessary you may contact them at the numbers listed above.
- Please bring this form (completed and signed by your physician) and your insurance card with you to the Hospital or Clinic.
- If is your responsibility to call your insurance company **prior** to your scheduled test date, to check coverage and see if you need a referral or precertification. Your insurance plan may consider your test/procedure as a screening or non-covered service.

For questions call 404-778-PINK
 For Directions, Call: 404-778-7777 or visit www.emoryhealthcare.org/radiology

**Emory Breast Imaging Center
 Patient Preparation Instructions:**

Pre-Registration: Patients need to pre-register for diagnostic mammograms and procedures. Please call admission's "Fast-Track" number before your appointment date.

EUH: 404-686-5270 or 1-800-640-9293.

Hours of Operation: Monday - Thursday, 6 A.M. to 8 P.M.; Friday 6 A.M. to 7 P.M., and Saturday 7 A.M. to 4 P.M. Closed on Holidays.

EUH Midtown: 404-686-1573.

9 AM - 8:30 PM (M-F)

For all breast imaging exams or procedures:

1. Please wear a two piece outfit.
2. Do not use powder, deodorant or lotion on your breast or underarm on the day of the exam.

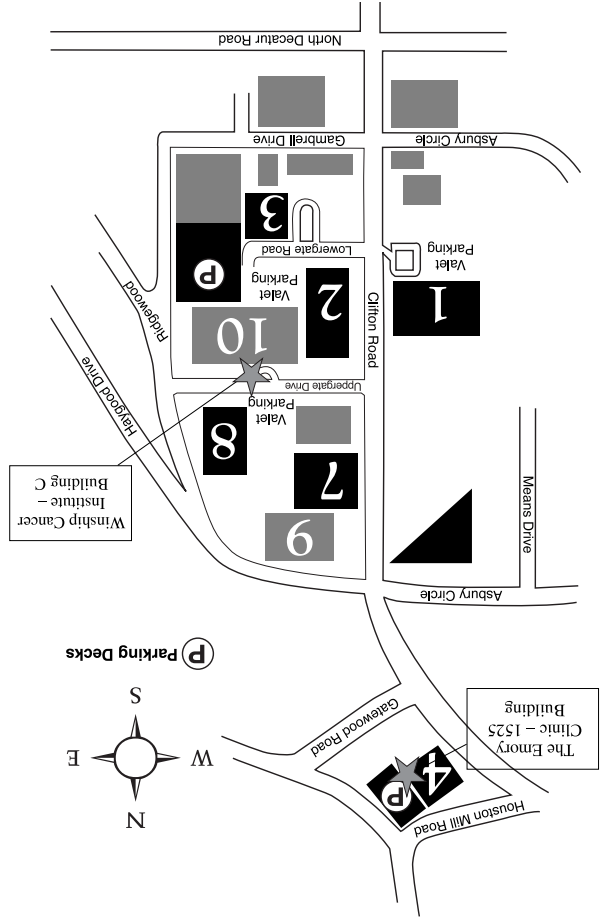
DIAGNOSTIC MAMMOGRAM (please pre-register)

Diagnostic mammograms are performed at The Emory Clinic, building C, and at Emory Midtown. Allow at least 60 minutes for this appointment.

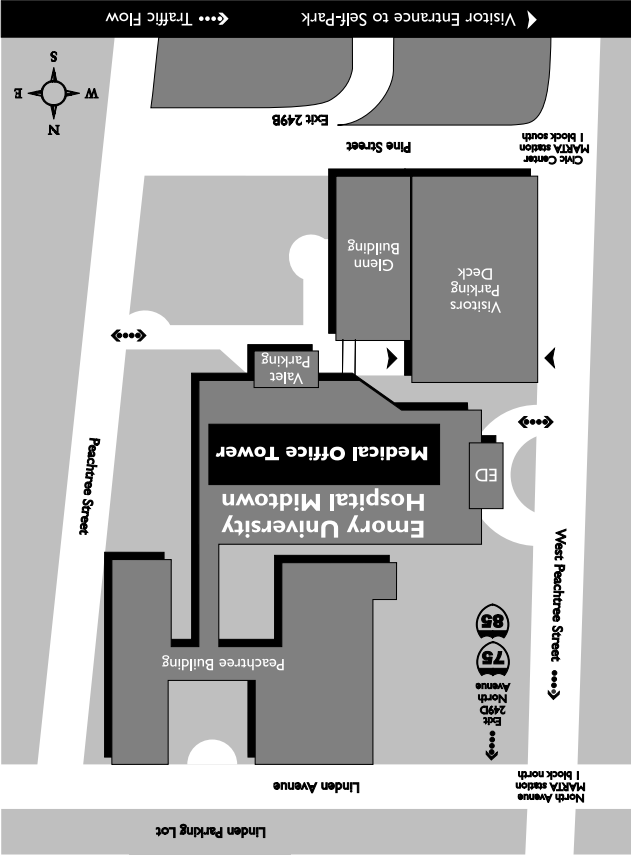
BREAST ULTRASOUND AND RELATED PROCEDURES:

Please allow at least 60 minutes for this appointment.

**Emory University Orthopaedics &
 The Emory Clinic**



Emory University Hospital Midtown



STEREOTACTIC CORE BIOPSY:

Allow 2-3 hours for this procedure.

BREAST IMAGING:

SCREENING MAMMOGRAM:

Screening mammograms are performed at the 1525 Building and at Emory Midtown.
 If your most recent mammogram was done at a non-Emory facility, please bring the film with you, so they can be compared. Please allow 30 minutes for the exam.

MRI OF THE BREAST:

If you have any metal object or fragment in your body or you have a fear of confined spaces, please call 404-778-PINK, prior to your scan appointment.
 Allow 45 minutes for the exam.

For additional patient preparation information please visit:

www.radiologyinfo.org

Thank you for choosing Emory Radiology

Emory Clinic 1525 Bldg, 3rd Floor, 1525 Clifton Rd, Atlanta, GA
 Breast Imaging Center, Bldg-C, 1st Floor, 1365 Clifton Rd, Atlanta, GA

Emory University Hospital Midtown
 550 Peachtree Street, NE
 Ground Floor Radiology
 Atlanta, GA 30308