



Medical Record Number: _____
Patient Name: _____
Date of Birth: _____
Sex: ☐ Female ☐ Male Pregnant? ☐ Yes ☐ No
Insurance Plan: _____
FSC #: _____ Insur Member #: _____
Referral #: / Precert #: _____
***Required** if exam to be done within 4 days of order

Required information to schedule
Ordering MD Name (Print): _____
Office Phone: _____ Fax: _____
UPIN #: _____ (non TEC physicians)
Patient (Home): _____
Work: _____ Cell: _____

☐ **SCREENING MAMMOGRAM** (patient is having no problems; routine exam)
☐ Bilateral ☐ Left ☐ Right ICD Code(s): Z12.31

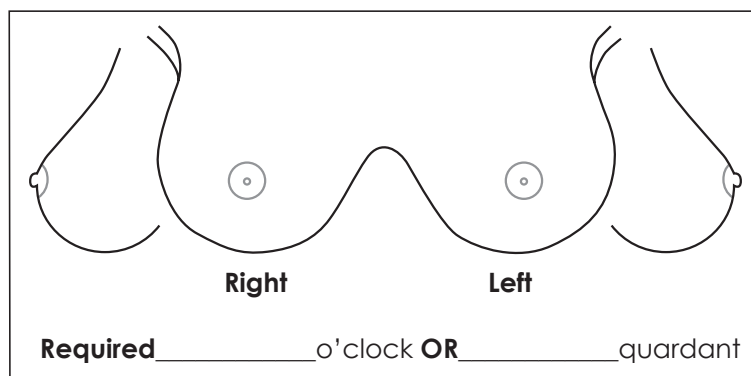
OR

DIAGNOSTIC BREAST IMAGING (patient has current problem) -- Order MUST specify signs/symptoms of concern and exact location or patient WILL NOT BE SCHEDULED

☐ Left ☐ Right ☐ Bilateral ICD Code(s): _____

Specify Clinical Concern/Findings: _____

- ☐ Palpable mass or lump
- ☐ Skin or nipple findings.
- ☐ Nipple discharge.
- ☐ Focal pain or breast tenderness, unrelated to menses.
- ☐ Follow-up of prior finding/biopsy/lumpectomy.
- ☐ Abnormal mammographic finding/recall.
- ☐ Metastasis (unknown primary).



☐ **COMPREHENSIVE REFERRAL REQUEST:** Checking this box authorizes Breast Imaging Physicians to schedule additional breast related studies without separate order, to streamline patient care. You may opt out of this by choosing an individual study or combination of studies below.

OR

☐ **SINGLE STUDY REFERRAL:** Individual order for each study is required to proceed

- | | | | |
|---|---|--|---------------------|
| ☐ Mammogram | specify site: _____ | ☐ Wire Localization | specify site: _____ |
| ☐ Breast Ultrasound | specify site: _____ | ☐ Clip Placement only | specify site: _____ |
| ☐ Breast MRI | Indication: _____ | ☐ Read Outside films for second opinion | |
| ☐ Fine Needle Aspiration | specify site: _____ | | |
| ☐ Cyst Aspiration | specify site: _____ | | |
| ☐ Core Biopsy: | ☐ Ultrasound guided ☐ Stereotactic guided ☐ MRI - guided | specify site: _____ | |

Physician Signature: _____ (MD, DO, NP, PA) **Date:** _____ **Time:** _____
Scheduled Date: _____ **Scheduled Time:** _____ AM / PM **Location (Circle)** EUH EUHM ESJH EJCH