

Breast Imaging

Medical Record Number:		Required information to schedule
Patient Name:		Ordering MD Name (Print):
Date of Birth:		Office Phone: Fax:
Sex: ☐ Female ☐ Male P	· ·	
Insurance Plan:		UPIN #: (non TEC physicians)
FSC #: Insur Member #: Referral #: / Precert #:		Patient (Home):
•	done within 4 days of order	Work: Cell:
	,	
SCREENING MAMMOGRAM (patient is having no problems; routine exam)		
☐ Bilateral ☐ Left ☐ Right ICD-10 Code(s):		
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-10 Code(s):		
Specify Clinical Concern/	Findings:	
☐ Palpable mass or lu	Jmp	
☐ 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. Right		Right Left
☐ Metastasis (unknown primary).		
☐ COMPREHENSIVE REFERRAL REQUEST: Checking this box authorizes Breast Imaging Physicians to schedule		
additional <u>breast related studies</u> 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		
☐ Diagnostic Mammogram	specify site:	
☐ Breast Ultrasound	specify site:	
☐ Breast MRI	Indication:	☐ Ductogram specify site:
☐ Fine Needle Aspiration	specify site:	☐ Read Outside films for second opinion
☐ Cyst Aspiration	specify site:	
☐ Core Biopsy: ☐ Ultrasound	d guided 🚨 Stereotactic guid	led \square MRI - guided specify site:
☐ RESEARCH / CLINICAL TRIAL (only research-driven studies here):		
	• •	Smart Key:
Specify exam to be performed:		·
Reason for exam related to Trial:		
Coordinator contact:Contact phone:		
Physician Signature:		(MD, DO, NP, PA) Date : Time :
Scheduled Date:	Scheduled Time:	AM / PM Location (Circle) EUH EUHM ESJH EJCH

83367 REQUE83367 6/17

For appointment information and questions, please call 404-778-PINK (7465) For directions to our locations, please call: 404-778-7777

Our Locations:

Emory Johns Creek Hospital Breast Imaging Center 6335 Hospital Parkway Medial Office Building Room 106 Johns Creek, GA 30076

Emory Saint Joseph's Hospital Breast Imaging Center 5673 Peachtree Dunwoody Road, Suite 100 Sandy Springs, GA 30342

Emory University Hospital / Winship Cancer Institute Breast Imaging Center 1701 Uppergate Drive Suite C-1104 Atlanta, GA 30322

Emory University Hospital Midtown Breast Imaging Center 550 Peachtree St, NE Ground Floor, Radiology Atlanta, GA 30308

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

Emory John's Creek Hospital (EJCH): 855-689-9141 or 404-686-2051 Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Emory Saint Joseph's Hospital (ESJH): 404-686-0530. Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Emory University Hospital (EUH): 404-686-5270 or 1-800-640-9293 Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Emory University Hospital Midtown (EUHM): 404-251-3800 Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Visit us online at www.emoryhealthcare.org/breastimaging