EMORY
BREAST IMAGING CENTER Breast Imaging

Phone # 404-778-7465 **Fax # 404-778-3095**

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-10 Code(s):** _____

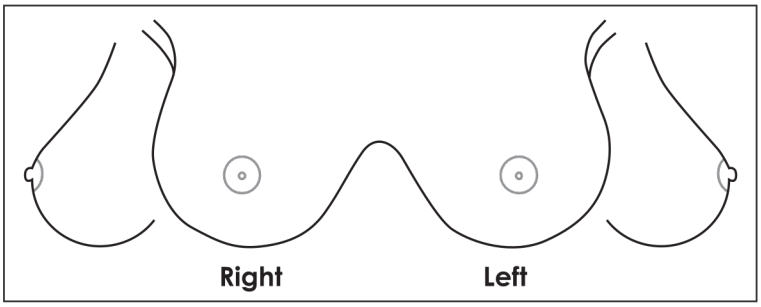
OR

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 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**

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

❑ RESEARCH / CLINICAL TRIAL (only research-driven studies here):

Protocol name/Acronym: _____ Smart Key: _____
Specify exam to be performed: _____ Date range requested: _____
Reason for exam related to Trial: _____ Coordinator to pick up pathology: ❑ Yes ❑ No
Coordinator contact: _____ Contact phone: _____ Contact Fax: _____

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

Scheduled Date: _____ Scheduled Time: _____ AM / PM Location (Circle) **EUH EUHM ESJH EJCH**

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