

BREAST INTERVENTIONAL SCHEDULING



Radiology Ltd.
Diagnostic Imaging Services
 For Breast MRI Scheduling: (520) 901-6631
 For Breast Biopsy Scheduling: (520) 722-1832, Ext. 1332
 Toll Free Tel: 1-866-565-2220 Toll Free Fax: 1-866-707-0750

Appt. Time: _____
 Date: _____
 Check-in Time: _____

**To schedule an appointment, please call (520) 901-6631 or fax to (520) 545-1848.
 Please include all relevant chart notes, H & P, and prior imaging reports.**

PHYSICIAN'S NAME: _____ PHONE #: (____) _____ FAX #: (____) _____

If physician practices at multiple locations, please include address for these results to be sent: _____

PATIENT: (First Name) _____ (Last Name) _____ (Middle Initial) _____

DOB: _____ HOME PHONE: (____) _____ WORK PHONE: (____) _____ BEST TIME TO CONTACT: _____ AM PM

PATIENT INSURANCE: _____ POLICY/GROUP#: _____ INS. PHONE: (____) _____

PRIOR AUTHORIZATION # (if needed): _____ Would you like authorization assistance? YES NO

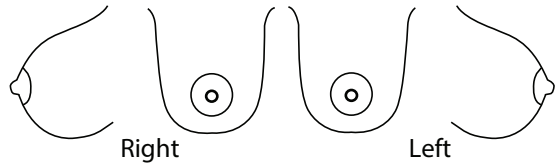
**If you would like authorization assistance, please include all clinical information and a copy of the insurance card with the order.
 Please note: We are unable to provide authorization assistance for STAT cases and CareMore, Humana and United Healthcare insurance plans.**

Radiology Ltd. office: **Wilnot Center for Diagnostic Imaging** **La Cholla Center for Diagnostic**

Imaging

- | | | |
|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> Stereotactic Breast Biopsy | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Ultrasound Guided Biopsy | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Breast MRI Biopsy | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Cyst Aspiration | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Needle Localization | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Ductogram | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Bilateral Breast MRI (see below) | | |
| <input type="checkbox"/> Bilateral Breast & Chest MRI (see below) | | |

Please indicate area of concern:



History / Indications: _____

Notes: _____

For Breast MRI Patients

Please answer the following questions:

When was the patient's last mammogram? _____

Please attach copy of report

Has the patient had an ultrasound of the breast?

- Yes **Please attach copy of report**
 No

Has the patient had an MRI of the breast(s)?

- Yes **Please attach copy of report**
 No

Has the patient had a breast biopsy for the current problem?

- Yes **Please attach copy of the pathology report**
 No

Please indicate:

- Large core needle biopsy
 Surgical biopsy

Reason for MRI:

- Implants: Saline Silicone
 Breast symptom: Right Left
 Lump
 Pain
 Discharge
 Other
 High risk patient
 Suspected lesion on other imaging modality: Right Left
 Mammogram
 Ultrasound
 Previous MRI Breast
 Evaluation for known breast cancer
 Preoperative: Determine extent / other lesion
 Surgery scheduled for _____
 Post Lumpectomy + margins - margins
 Chemotherapy: Pre Mid Post
 Axillary or other malignancy, unknown primary
 Other: _____

Additional Notes / Special Instructions: _____

Referring Physician's Signature: _____ **Date:** _____

The information contained in this facsimile message is CONFIDENTIAL and/or LEGALLY PRIVILEGED information intended only for the use of the facility named above. If you have received this in error, please call (520) 545-1969.

BREAST INTERVENTIONAL LOCATIONS



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If you are unable to keep your appointment, please call (520) 722-1832, ext. 1332 to reschedule your appointment. Cancellations made less than 24-hours prior to appointment time may be subject to a no-show fee.

Instructions for Patients Scheduled for a Biopsy

1. **STOP** taking any **Coumadin 5 days** before the biopsy **after okayed by your doctor.**
2. **STOP** Taking **Lovenox 24 hours** before your procedure **after okayed by your doctor.**
3. **STOP** taking any aspirin or aspirin products, or vitamin E **5 days** before biopsy. Tylenol is acceptable.
4. Take all other medications the day of the biopsy as usual. Bring a list of your medications with you as well as any medication you may need to take while you are with us.
5. Be sure to let your doctor and nurse know if you have any allergies.
6. Avoid bringing valuables, jewelry, etc. with you.
7. Wear comfortable, loose-fitting clothes.
8. No fasting is required for this exam.

