



Radiology Ltd.
Diagnostic Imaging Services
For Breast MRI Scheduling: (520) 901-6631
For Breast Biopsy Scheduling: (520) 901-6792
Toll Free Tel: 1-866-565-2220 Toll Free Fax: 1-866-707-0750

Scan to Self Schedule
(MRI Only)



BREAST INTERVENTIONAL AND BREAST MRI SCHEDULING

To schedule an appointment, please call the appropriate number listed to 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: _____ PRIMARY PHONE: (____) _____ PROVIDER NPI: _____

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

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

Please include all clinical information and a copy of the insurance card with the order.

BREAST INTERVENTIONAL

- | | | |
|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> Stereotactic Guided Breast Biopsy | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Ultrasound Guided Breast Biopsy | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> MRI Guided Breast 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"/> Wire Localization | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Scout Localization(s) | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
- Specify # and location(s) of localization in notes**

History / Indications: _____

Notes: _____

☐ **Bilateral Breast MRI**

For Breast MRI Patients

Please answer the following questions:

Has the patient had a mammogram of the breast?

- ☐ Yes Most recent location and date: _____
☐ No

Has the patient had an ultrasound of the breast?

- ☐ Yes Most recent location and date: _____
☐ No

Has the patient had an MRI of the breasts?

- ☐ Yes Most recent location and date: _____
☐ No

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

- ☐ Yes Most recent location and date: _____
☐ No

If yes, what was the biopsy pathology? _____

Indication for MRI:

- ☐ High risk screening Reason? _____
- ☐ Symptomatic breast(s)
- ☐ Nipple discharge/Nipple retraction
- ☐ New diagnosis of breast cancer/preoperative breast MRI
- ☐ Neoadjuvant therapy follow-up
- ☐ Post surgical follow-up
- ☐ Inconclusive breast imaging/Radiologist recommended Location and date of prior exam: _____
- ☐ Implant evaluation
- ☐ Other: _____

Additional Notes / Laterality of Symptoms/ Special Instructions: _____

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

The information contained in this 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



Radiology Ltd.

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If you are unable to keep your appointment, please call the appropriate number listed 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. Take all medications the day of the biopsy as usual.
2. Be sure to let your doctor and technologist know if you have any allergies.
3. Avoid bringing valuables, jewelry, etc. with you.
4. Wear comfortable, loose-fitting clothes.
5. No fasting is required for this exam.

