BREAST INTERVENTIONAL SCHEDULING

CLEAR

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

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: (_____) _____

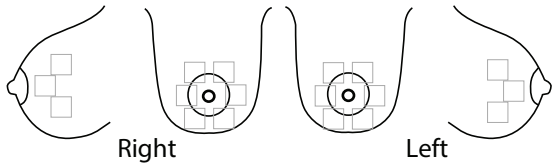
PRIOR AUTHORIZATION # (if needed): _____ Would you like authorization assistance? ❑ YES ❑ NO

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: ❑ Wilmot Center for Women's Imaging ❑ La Cholla Center for Women's Imaging

❑ **Stereotactic Breast Biopsy**	❑ Right	❑ Left
❑ **Ultrasound Guided Biopsy**	❑ Right	❑ Left
❑ **Breast MRI Biopsy**	❑ Right	❑ Left
❑ **Cyst Aspiration**	❑ Right	❑ Left
❑ **Needle Localization**	❑ Right	❑ Left
❑ **Ductogram**	❑ Right	❑ Left
❑ **Bilateral Breast MRI (see below)**		
❑ **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:** _____

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