

One Convenient Number!

Call to schedule your appointment
804.237.6666

Monday – Friday
8 a.m. – 5 p.m.

Date: _____

Time: _____

Please arrive 30 minutes prior to your appointment time and bring the following information with you:

- This form signed by your referring physician
- Insurance card
- Photo ID (i.e. license, passport)
- Any previous breast images and reports performed at a non-VCU Health facility to include mammograms, breast ultrasounds, breast biopsies, and breast MRIs, if available

Facility Preference:

- Stony Point Breast Imaging**
9000 Stony Point Pkwy, 2nd Floor
- Adult Outpatient Pavilion (AOP)**
1001 East Leigh Street, 6th Floor
- VCU Health at GreenGate**
3400 Haydenpark Lane, 3rd Floor

When faxing this form, please include a copy of patient's insurance card.

Fax: 804.237.6616

Check here if you'd like the images sent via Life Image

Patient Name: _____ Today's Date: _____

Patient Phone #: _____ Date of Birth: _____

Clinical History: _____

Referring Physician: _____ Physician Signature: _____

NPI # _____ Physician Phone #: _____

IMAGING REQUEST

SCREENING MAMMOGRAM (Z12.31)

- No current breast concerns
- Personal history of surgery for breast cancer > 1 year ago
- Family history of breast cancer (Z80.3) (specify): _____

IMPORTANT: Please select statement to proceed with additional imaging, as needed

"I agree to diagnostic mammography, breast-axilla ultrasound, aspiration/biopsy, pathology, ductography and/or breast MRI as deemed medically indicated by the radiologist."

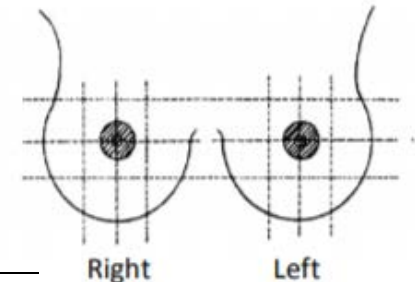
Check to approve Point of Care Testing necessary to proceed with imaging:

- Radiology Creatinine (POCT)
- Radiology Pregnancy Test (POCT)

DIAGNOSTIC MAMMOGRAM Right Left Bilateral

Mark the indications for diagnostic study:

- Palpable lump(s) (N63) Indicate location(s) on diagram
- Palpable breast thickening / induration of breast (N64.51) Indicate location(s) on diagram
- Nipple discharge (N64.52) Right Left
- Retraction of nipple (N64.53) Right Left
- Breast pain (focal) (N64.4) Indicate location(s) on diagram
- Personal history of breast cancer (Z85.3) Date of diagnosis: _____
- Follow-up of previous mammographic or sonographic abnormality (R92.8)
OR known breast cancer: (enter ICD-10 code for specific breast cancer): _____
- Pre-surgical or post-neoadjuvant treatment
- Other signs & symptoms in breast (Z64.59) (please specify): _____



DIAGNOSTIC BREAST AND AXILLA ULTRASOUND Right Left Bilateral

BREAST MRI INDICATION: _____

- PROCEDURE Cyst aspiration Core needle biopsy Ductogram (galactogram)
- Right Left Bilateral

EXAM AND PERTINENT INFORMATION

Date of Last Breast Exam: _____

- Normal Abnormal

Medical Records Copy
HM-R 1545 (rev. 11-22)



DT-ORDER