

BREAST IMAGING

This form is part of the patient's medical records and must be completed for referral

Date of Referral _____ Referring Provider Name _____

Patient Name (First, MI, Last) _____ D.O.B. _____

Patient Home Phone # (_____) _____ Cell (_____) _____

SS# _____ Translator Needed (language) _____

Written Diagnosis / Reason / Symptom for Exam(s) **REQUIRED**

Radiologist can change order per protocol, unless box is checked

CPT CODE: _____ ICD-10 CODE: _____

Breast Cancer History: **lt rt** Mastectomy History: **lt rt** Implants: **Y N**

PRIOR EXAMS

Date of Service _____ Facility Location _____

Other Last Name _____

Appointment:

Date: _____ Check-in Time: _____

Appointment Time: _____

Call patient to schedule

Patient will call to schedule

Reports:

Call STAT: _____

Fax STAT: _____

Fax Routine: _____

Images: CD ROM Web PACS

Send with patient Send to provider

Additional Reports to PCP:

Insurance(s): _____

Pre-Authorization #: _____

Injury Date: _____

Claim #: _____

SCREENING SERVICES

Mammography

Screening Mammogram (no symptoms)
lt rt bilat

Bone Densitometry (DEXA)

Spine & Femur
 Other (Specify) _____

DIAGNOSTIC SERVICES

Diagnostic Mammogram **lt rt bilat**
(Ultrasound if clinically indicated)

Needle Biopsy if indicated

Needle LOC Placement **lt rt bilat**

Stereotactic Breast Biopsy **lt rt bilat**

Galactogram **lt rt bilat**

Ultrasound

Breast Limited **lt rt bilat**

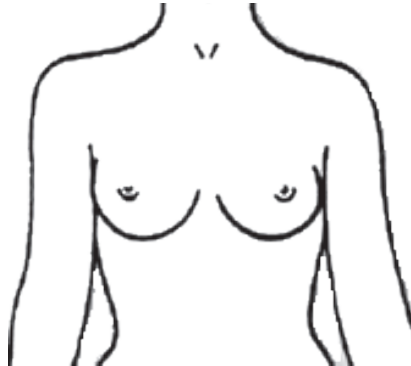
Breast Complete **lt rt bilat**

Breast Cyst Aspiration **lt rt bilat**

Guided Breast Biopsy **lt rt bilat**

Indicate area of concern:

RIGHT LEFT



Please order Breast MRI exams using the Imaging Specialty Exams order form.

Referring Provider Signature (required for exam): _____

MultiCare Medical Imaging Locations

BONNEY LAKE

Diagnostic Imaging Northwest

21110 SR 410 East, Suite 110, Bonney Lake, WA 98391

Phone 253-841-4353 • Fax 253-446-3973

COVINGTON

MultiCare Covington Clinic

17700 SE 272nd Street., Suite 145, Covington, WA 98042

Phone: 253-792-6220 • Fax: 253-792-6230

GIG HARBOR

MultiCare Gig Harbor Medical Park

4545 Pt. Fosdick Dr., Suite 135, Gig Harbor, WA 98335

Phone 253-792-6220 • Fax 253-792-6230

OLYMPIA

Capital Medical Center

3920 Capital Mall Drive SW, Suite 401, Olympia, WA 98502

Phone: 253-792-6220 • Fax: 253-792-6230

PUYALLUP

Diagnostic Imaging Northwest

222 15th Ave. SE, Puyallup, WA 98372

Phone 253-841-4353 • Fax 253-446-3973

Sunrise Imaging Center

11212 Sunrise Blvd E, Suite 200, Puyallup, WA 98374

Phone: 253-841-4353 • Fax: 253-446-3973

TACOMA

Carol Milgard Breast Center

4252 S. 19th St., Tacoma, WA 98405

Phone: 253-759-2622 • Fax: 253-572-4324