

Mammography Imaging Request Form

For authorization support: To initiate the pre-authorization please include clinical notes with this order.

Patient Name: _____ Date Of Birth: _____
Phone: _____ Alternate Phone: _____
(Clinical HX/DX): _____

Provider Name: (Print) _____ Signature: _____
CC: Physician: _____ Address: _____
Phone: _____ Fax: _____



Annual Screening Mammograms now offered on a Walk-in basis. NO APPOINTMENT NEEDED IF: No changes since last mammogram. Please have patient bring doctor's order. If new patient, bring ALL prior outside mammograms & accompanying reports to appointment. Women with a recent breast cancer diagnosis or new breast issue are not eligible for Walk-in Screening Program.

Breast Imaging

Please have patient bring ALL prior outside mammograms and accompanying reports to appointment.

Screening Digital Mammogram

- 3D Screening Tomosynthesis
Asymptomatic
Personal History of Breast Cancer
Breast Implants
Other:

Diagnostic Mammogram

- 3D Diagnostic Tomosynthesis
Left Right Both
Personal History of Breast Cancer
Breast Implants
Lump - (if patient under 30 start with Breast Ultrasound - females only)
Focal Point of Pain
Spontaneous Nipple Discharge
Call Back From Screening
Six Month Follow-Up
Other:

Diagnostic Breast Ultrasound

- (must indicate site of concern on diagram)
Palpable Lump
Focal Point of Pain
Mass seen on Mammogram
Other:

Screening Breast Ultrasound

- Dense Breasts, asymptomatic and negative mammogram. (If 40 or older)

MRI of the Breasts

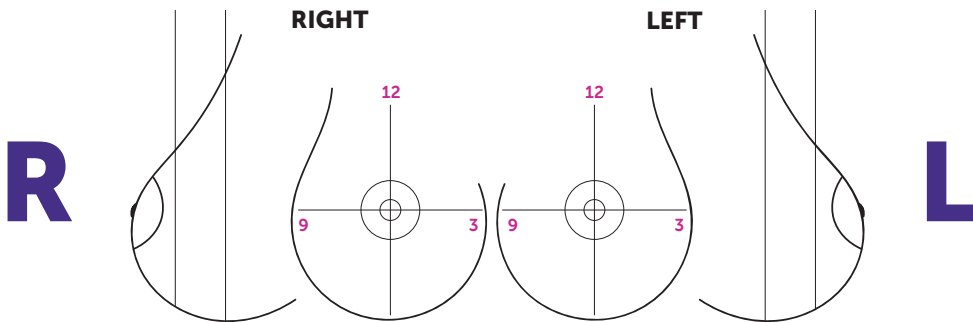
- Evaluation of Implants
Evaluation for Breast Cancer

Procedures

- Left Right Bilateral
Ductogram
Fine Needle/Cyst Aspiration
Ultrasound Guided - Breast Biopsy
Stereotactically Guided Breast Biopsy
Needle Localization

- Please Check (If additional imaging or percutaneous biopsy is required, please proceed with these exams while keeping me informed of all recommendations and results)

Exam Findings/Special Instructions:



Bone Mineral Density DEXA

CPT 77080 (Please indicate Patient's History: ICD-10-CM)

- Menopausal
Hysterectomy with removal of ovaries
Known Osteopenia or Osteoporosis
Fracture of any bone during adult life
History of Steroid Use
Use of Thyroid Medications
Hyperthyroidism

Exam Preparation Guidelines

Digital Mammogram Examination

- No perfume, deodorant or body powder the day of the exam
- Please bring any previous mammogram films & reports (if done at another facility)
- Please wear two piece clothing
- Do not schedule one week before menstrual period

DEXA Exam

- Patients should not be scheduled within two weeks of any CT exam utilizing Barium, or any nuclear medicine exam
- If possible, do not wear clothing with metal buttons or zippers

Breast Biopsy

- No aspirin or "blood thinner" one week prior to biopsy
- Please consult your physician prior to discontinuing medications

NO PREP NEEDED FOR BREAST ULTRASOUND OR CYST ASPIRATION

Visit RadNet.com/Long-Beach for more exam preparation instructions.

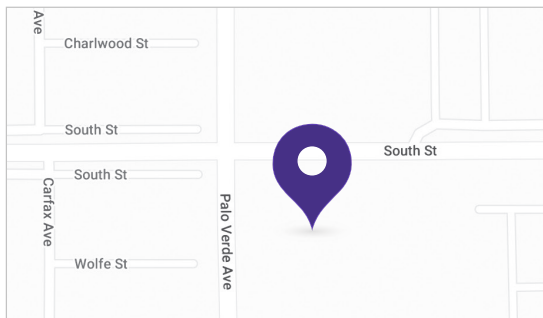
Location, Maps & Services

Wavelmaging Palo Verde/ Breastlink Women's Imaging Long Beach

6440 South St, Lakewood, CA 90713

Phone: (562) 299-6230

Fax: (562) 627-0923



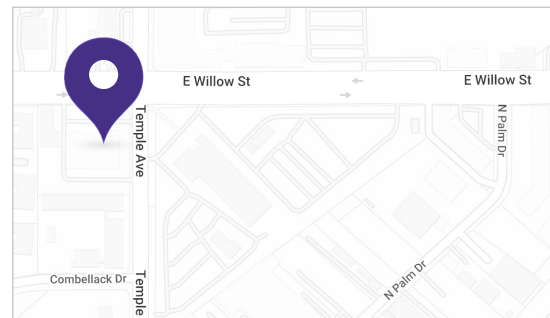
Services: Breast MRI, DEXA, Mammography, Breast Ultrasound, Breast Biopsy, Stereotactic Breast Biopsy

Wavelmaging Signal Hill

2708 E Willow Street
Signal Hill, CA 90755

Phone: (562) 216-5120

Fax: (562) 733-5880



Services: Mammography (Screening Only)

