

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 S.E. 272nd St., Suite 145 Covington, WA 98042

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

GIG HARBOR

MultiCare Gig Harbor Medical Park

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

Phone 253-792-6220, Toll free 866-268-7223

Fax 253-792-6230

PUYALLUP

Diagnostic Imaging Northwest

222 15th Avenue Southeast, Puyallup, WA 98372

Phone 253-841-4353 • Fax 253-446-3973

TACOMA

Carol Milgard Breast Center

4252 S. 19th St. Tacoma, WA 98405

Phone: 253-759-2622, Toll free 866-758-2622

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