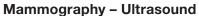
## **Breast Imaging Referral**







Patient Name:				☐ Ambulatory	<ul><li>☐ Prior UCSF mammograms</li><li>☐ Patient will bring outside studies.</li></ul>
DOB:	Discourse		<ul><li>☐ Wheelchair/Walker</li><li>☐ Interpreter needed</li></ul>		
Referring Physic	ian				
Name:			Phone/Pager (required):		
Attending (if differen	t from referring provide	er):			
Signature (required):			Date:		
Please select appr	ropriate exam and c	heck reason orde	ered:	Use diag	gram for diagnostic exams only.
☐ Please check h ☐ Please check h ☐ Please check h ☐ Diagnostic Br A radiologist-mo cancer and radio indicated, may ir ☐ Bilateral ☐ ☐ Breast Lump (indicate ☐ Focal Breast (indicate ☐ Personal His ☐ Abnormal Pr	ostic workup will be poere if you DO NOT want a ere if you DO NOT author reast Imaging (Tornitored exam for sympologist-requested following an additional charmonicur an additional charmologist Pain	additional imaging wirize a biopsy without  nosynthesis Managements, to the particular patients, to whome exams. Including the particular distance with the parti	a separate ord ammograp hose recalled des all mamm  cm from nip hin past five y follow-up)	hy)  If from screening, post bree in the property of the prope	east conservation treatment for olete evaluation. Ultrasound, if ischarge: bloody or clear indicated only if discharge is ous (occurs without squeezing) her bloody or clear. alcifications recify):
	asound (patients under the clinical concern mus			IGHT	cm from nipple
Other Imaging Services (ICD-10 codes and insurance authorization required)  BILATERAL RIGHT LEFT				Additional Clinical Information (include special instructions/precautions)	
<ul><li>☐ Ultrasound Guid</li><li>☐ Ultrasound Guid</li><li>☐ Stereotactic Bid</li></ul>	led Core Biopsy led Cyst Aspiration				

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Imaging Clinic: (510) 985-5030 Scheduling: (415) 353-3900

Fax: (415) 353-7299

\*Breast Imaging Standard Operating Procedure (SOP) will be followed if any additional imaging or biopsy is necessary. This SOP pertains to a radiologist-monitored exam for symptomatic patients, those recalled from screening, post breast conservation treatment for cancer, and radiologist-requested follow-up exams. It also includes all mammograms needed for complete evaluation. Ultrasound, if indicated, is an additional charge. The patient receives results at the time of exam for callbacks from screening, diagnostic mammogram and ultrasound.