Breast Imaging Referral

Mammography – Ultrasound – MRI

JOHN MUIR HEALTH | UCSF Health

Patient Name:

DOB: Phone:

☐ Ambulatory
☐ Wheelchair/Walker
☐ Interpreter needed

☐ Prior UCSF mammograms
☐ Patient will bring outside studies

Referring Physician

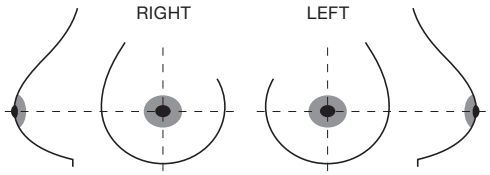
Name: Phone/Pager (required):

Attending (if different from referring provider):

Signature (required): Date:

Please select appropriate exam and check reason ordered:

Use diagram for diagnostic exams only



☐ **Screening Mammography (no signs or symptoms of breast cancer)**

☐ Bilateral implants ☐ 2D only ☐ With tomosynthesis 3D

Additional diagnostic workup will be performed per SOP below.*

☐ Please check here if you **DO NOT** want additional imaging without a new exam order.

☐ Please check here if you **DO NOT** authorize a biopsy without a separate order.

☐ **Diagnostic Breast Imaging (Tomosynthesis, Mammography, Targeted Ultrasound, or both)**

A radiologist-monitored exam for symptomatic patients, those recalled from screening, post conservation treatment for cancer and radiologist requested follow-up exams. Includes all mammograms needed for complete evaluation. Ultrasound, if indicated (additional charge).

☐ **Bilateral** ☐ RIGHT ☐ LEFT

☐ **Breast Lump or Mass** ☐ RIGHT ☐ LEFT
(indicate _____ o'clock position and distance _____ cm from nipple)

☐ **Focal Breast Pain** ☐ RIGHT ☐ LEFT
(indicate _____ o'clock position and distance _____ cm from nipple)

☐ **Personal History of Breast Cancer** (lumpectomy within past five years)

☐ **Abnormal Prior Mammogram** (radiologist recommended follow-up)

☐ **Targeted Ultrasound** (patients under 30)
A specific area of clinical concern must be indicated _____ o'clock position and distance _____ cm from nipple

☐ **Nipple Discharge: bloody or clear**

☐ **Breast Calcifications**

☐ **Imaging is indicated only if discharge is spontaneous (occurs without squeezing) and is either bloody or clear**

☐ **Other** (specify):

Other Imaging Services

(ICD-9 codes and insurance authorization required)

MRI	BILATERAL	RIGHT	LEFT
☐ Breast MRI	☐		
☐ MRI guided breast biopsy	☐	☐	☐
Breast Procedures			
☐ Ultrasound guided core biopsy	☐	☐	☐
☐ Ultrasound guided cyst aspiration	☐	☐	☐
☐ Stereotactic biopsy	☐	☐	☐
☐ Needle localization for surgery	☐	☐	☐

Additional Clinical Information

(include special instructions/precautions)

Berkeley Outpatient Center
3100 San Pablo Ave., Suite 330
Berkeley, CA 94702

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.