## **Breast Imaging Referral**

## Mammography - Ultrasound - MRI



Patient Name:		Ambulatory Prior UCSF mammogram	
DOB: Phone:		<ul><li>☐ Wheelchair/Walker</li><li>☐ Patient will bring outside</li><li>☐ Interpreter needed</li><li>☐ studies</li></ul>	
Referring Physician			
Name:		Phone/Pager (required):	
Attending (if different from referring prov	ider):		
Signature (required):		Date:	
Required: DX (ICD-10):			
for malignant neoplasm of breast Z12.31  Screening Mammography with 2D mammography only Path Additional diagnostic workup will be Please check here if you DO NOT wath Please check here if you DO NOT auth	Y code that supports M (ICD-10-CM)  The Tomosynthesis (Signature in the samplants of the performed per SOP be not additional imaging without a second control of the samplants o	Use diagram for diagnostic exams only  BD)  RIGHT  LEFT  low.*  out a new exam order.	
A radiologist-monitored exam for sy and radiologist requested follow-up (additional charge).  Bilateral RIGHT LEFT Breast Lump or Mass RIGHT (indicate o'clock position Focal Breast Pain RIGHT (indicate o'clock position Personal History of Breast Car Abnormal Prior Mammogram (rageted Ultrasound (patients up and radiologist requested)	mptomatic patients, tho exams. Includes all mare LEFT and distance class cer (lumpectomy within adiologist recommended ander 30, pregnant paties)	se recalled from screening, post conservation treatment for cancer mmograms needed for complete evaluation. Ultrasound, if indicated    Nipple Discharge: bloody or clear	
Other Imaging Services (ICD-10 codes and insurance authorization MRI Breast MRI MRI guided breast biopsy Breast Procedures Ultrasound guided core biopsy	on required) RIGHT LEFT	Additional Clinical Information (include special instructions/precautions)	
<ul> <li>☐ Ultrasound guided cyst aspiration</li> <li>☐ Stereotactic biopsy</li> <li>☐ Needle localization for surgery</li> </ul>			

Scheduling: (415) 353-3900 ■ Fax: (415) 353-7299

<sup>\*</sup>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.



## **Breast Imaging Referral**

Mammography - Ultrasound - MRI

Scheduling: (415) 353-3900 ■ Fax: (415) 353-7299

## **LOCATIONS**

Bakar Precision Cancer Medicine Building 1825 Fourth St., Third Floor San Francisco, CA 94158

1725 Montgomery Street, Suite 250 San Francisco, CA 94111-1030

2356 Sutter St., Room J146 San Francisco, CA 94115

Berkeley Outpatient Center 3100 San Pablo Ave., Suite 430 Berkeley, CA 94702

Peninsula Outpatient Center 225 California Dr, Second Floor Burlingame, CA 94010