

Breast Imaging Referral

Mammography – Ultrasound – MRI

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: _____

Required: DX (ICD-10): _____

Please select appropriate exam and check reason ordered:

The following diagnosis code is the **ONLY** code that supports Medicare medical necessity: Encounter for screening mammogram for malignant neoplasm of breast Z12.31 (ICD-10-CM)

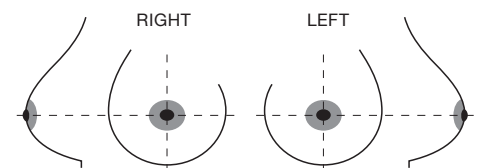
Screening Mammography with Tomosynthesis (3D)

- 2D mammography only Patient has implants

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.

Use diagram for diagnostic exams only



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).

- | | |
|--|---|
| <input type="checkbox"/> Bilateral <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
<input type="checkbox"/> Breast Lump or Mass <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
(indicate _____ o'clock position and distance _____ cm from nipple)
<input type="checkbox"/> Focal Breast Pain <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
(indicate _____ o'clock position and distance _____ cm from nipple)
<input type="checkbox"/> Personal History of Breast Cancer (lumpectomy within past five years)
<input type="checkbox"/> Abnormal Prior Mammogram (radiologist recommended follow-up)
<input type="checkbox"/> Targeted Ultrasound (patients under 30, pregnant patients) <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
A specific area of clinical concern must be indicated _____ o'clock position and distance _____ cm from nipple | <input type="checkbox"/> Nipple Discharge: bloody or clear
Imaging is indicated only if discharge is spontaneous (occurs without squeezing) and is either bloody or clear.
<input type="checkbox"/> Breast Calcifications
<input type="checkbox"/> Other (specify): _____

_____ |
|--|---|

Other Imaging Services

(ICD-10 codes and insurance authorization required)

MRI	RIGHT	LEFT
<input type="checkbox"/> Breast MRI		
<input type="checkbox"/> MRI guided breast biopsy	<input type="checkbox"/>	<input type="checkbox"/>
Breast Procedures		
<input type="checkbox"/> Ultrasound guided core biopsy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ultrasound guided cyst aspiration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stereotactic biopsy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Needle localization for surgery	<input type="checkbox"/>	<input type="checkbox"/>

Additional Clinical Information

(include special instructions/precautions)

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.



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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.,
San Francisco, CA 94115

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

San Mateo Primary and Specialty Care Clinic
1100 Park Place, Suite 100
San Mateo, CA 94403

**2D mammography only*
