BREAST CENTER ORDER FORM

SCHEDULING

See specific market P: 855.643.7226 E: PSScheduling@RAYUSradiology.com **INSURANCE SPECIALIST LINE**

P: 425.250.1160

MEDICAL RECORDS FAX LINE

P: 425.251.4307

O Patient will call to schedule O Call patient to schedule



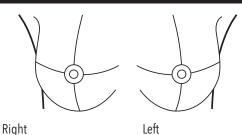
Appointment date and time		Check-in time	Patient DOB		Sex assigned at birth O M O F
Patient name (as shown on insurance card)		Primary phone #		Secondary phone #	
Insurance name	Insurance ID #	Authorization #		Authorization insurance phone #	

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.

EXAMINATION REQUESTED

- O Screening mammogram (with computer-aided detection and 3D tomosynthesis) There are no patient or physician concerns; proceed with diagnostic evaluation if abnormality is found.
- O Diagnostic breast evaluation to include mammography, physical exam, breast ultrasound, FNA, cyst aspiration, MRI and/or core biopsy as clinically indicated.
- O Breast MRI (bilateral) Bellevue, Federal Way, Issaguah and Poulsbo locations For high-risk surveillance
- O Bone densitometry (DXA Scanning) Federal Way Breast Center, Issaguah Breast Center, Port Orchard and Poulsbo locations O Vertebral fracture assessment (VFA)
- O Screening or O Diagnostic
- History of pathological fracture? No Yes
- Age-related osteoporosis w/o current pathological fracture? No Yes
- Estrogen deficiency/clinical risk for osteoporosis? No Yes
- Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? No Yes
- O Other

LOCATION OF CONCERN



Distance from the nipple _____ cm

Where was the previous mammogram performed? _ Does the patient have breast implants? O No O Yes Patient considerations (check all that apply) When? • Allergies to contrast agents

O Interpreter needed (language)

O History of dense breasts

Other

REPORTING METHOD O Routine O Read and call O STAT/ASAP O Next-day follow-up O Hold and call O Patient to hand carry films/CD/report Provider name (print) Provider location Phone #

City/Zip Provider signature (required) NPI # (required for new providers) Do not use rubber stamp.



PATIENT PREPARATION

No children under 12 allowed in the waiting room unless accompanied by another adult.

MAMMOGRAM

Do not use talcum powder or underarm deodorant the day of your exam, as this can interfere with the detection of calcifications. Please wear a two-piece outfit.

BREAST BIOPSY

Discontinue use of aspirin, or other mild blood thinners, five days prior to the biopsy. If you take Coumadin, Plavix or other more potent blood thinners, you must first consult your physician to make sure it's safe to stop that medicine in advance. Please wear a two-piece outfit.

BONE DENSITOMETRY

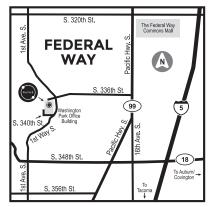
No calcium supplements 24 hours prior to exam. Wear an outfit with no metal buttons around waist.

Visit RAYUSradiology.com for detailed driving directions to our centers. Call us at 855.643.7226.



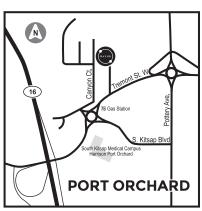
BELLEVUE 1310 116th Ave. NE, Suite E Bellevue, WA 98004

BELLEVUE BREAST CENTER 1810 116th Ave. NE, Suite 101 Bellevue, WA 98004

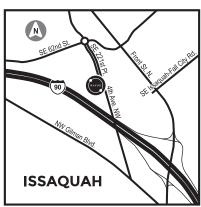


FEDERAL WAY 33801 First Way S., Suite 101 Federal Way, WA 98003

FEDERAL WAY BREAST CENTER 33801 First Way S., Suite 100 Federal Way, WA 98003

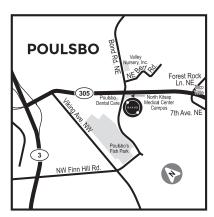


PORT ORCHARD 463 Tremont St. W., Suite 130 Port Orchard, WA 98366



ISSAQUAH 1301 4th Ave. NW, Suite 202 Issaquah, WA 98027





POULSBO North Kitsap Medical Center 20700 Bond Rd. NE, Bldg. B Poulsbo, WA 98370