Breast Imaging Requisition

PLEASE BRING THIS FORM, YOUR INSURANCE CARD AND PHOTO ID TO YOUR APPOINTMENT

PLEASE BRING ALL PRIOR MAMMOGRAMS TO YOUR APPOINTMENT

Scheduling P: 1-866-229-7226 ♦ F: 408-244-1636

Samaritan Women's Center
2581 Samaritan Dr., Suite 206
San Jose, CA 95124

Ciro Women's Center
125 Ciro Ave., Suite 220
San Jose, CA 95128

VRI Montpelier
2385 Montpelier Dr.
San Jose, CA 95116

Patient Name:____ Date:________________

DOB:______________________ Phone:________________ Appt. Date/Time:__________

Requesting Physician:________________________ CC:__________________________

Insurance:__________________________ Auth #:________________ ☐ No Auth Required

Previous Mammogram - Year:________________ Location:__________________________

SCREENING (No New Symptoms)

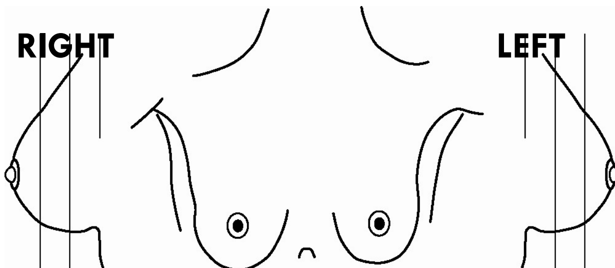
☐ Mammogram

DIAGNOSTIC (For Symptomatic Patients)

☐ Mammogram (and ultrasound if indicated): ☐ Right ☐ Left ☐ Bilateral

☐ Breast Ultrasound (and mammogram if indicated): ☐ Right ☐ Left ☐ Bilateral

Mark site(s) of diagnostic concern (include o'clock position and distance from nipple):



CLINICAL INFORMATION

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Please select the relevant ICD9 Codes:

☐ 610.1 Fibrocystic Changes
☐ 611.72 Breast Lump
☐ 611.71 Pain/Mastodynia
☐ 793.89 Dense Breast Tissue
☐ 793.89 Suspicious Mammogram/Ultrasound
☐ 611.0 Inflammatory Disease
☐ 611.79 Nipple Discharge
☐ 793.80 Abnormal Prior
☐ 99669 Nipple Infection
☐ 611.1 Gynecomastia
☐ 174.9 Breast Cancer
☐ 793.81 Microcalcifications
☐ 99654 Implant Rupture

Additional services (Samaritan Women's Center):

☐ Ultrasound-guided core biopsy
☐ Cyst aspiration
☐ Breast MRI with and without Contrast
☐ Breast MRI without contrast for implant integrity
☐ Wire localization
☐ Stereotactic core biopsy
☐ Ductogram
☐ MRI-guided biopsy

☐ **Right** ☐ **Left** ☐ **Bilateral**

Physician Signature:____

See reverse side for maps