



Patient's Name: _____ Date of Birth: _____ Patient's Phone: _____

Reason for Exam/ ICD10 Code: _____

Referring Provider (Print): _____ Provider Signature: _____ Today's Date: _____

Phone: _____ Fax: _____ CC Report To: _____

Call in STAT results to: _____ Release CD with Patient

Insurance Plan: _____ Member ID#: _____

IMAGING SERVICES

I authorize my radiologist to modify this order

3D Screening Mammogram

EBCD™ Recommended

3D Diagnostic Mammogram

*please indicate area of concern

Left Right Bilateral

If recommended proceed with:

3D Diagnostic Mammogram and/or Breast Ultrasound

Breast MRI w/wo Contrast

Breast Biopsy (Ultrasound, Stereotactic, MRI as indicated)

Ultrasound

Screening Breast Ultrasound

Diagnostic Breast Ultrasound

*please indicate area of concern on diagram

Left Right Bilateral

Palpable Lump*

Focal Point of Pain*

Other _____

Procedures

Left Right Bilateral

Cyst Aspiration

Stereotactic Guided Core Needle Breast Biopsy

Ultrasound Guided Core Needle Breast Biopsy

MRI Guided Core Needle Breast Biopsy

Breast MRI

Without contrast (For Silicone Implant Evaluation)

With and without contrast (For High Risk Screening and Tumor Protocol)

Pelvic Imaging

HSG-Hysterosalpingogram

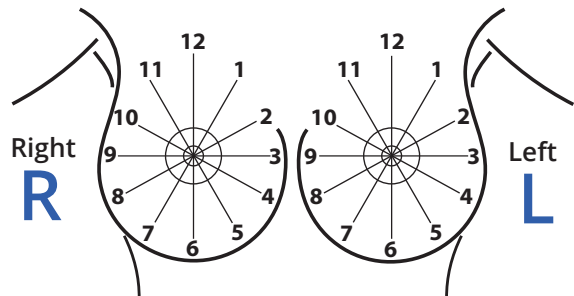
Pelvis US TA/TV

Pelvic MRI with and without contrast

Sonohysterography

DEXA (Bone Density Scan)

For palpable lump(s) or focal pain **must document clock position** _____ **and approx. cm** _____ **from nipple.**



Reason for study/Symptoms (required)



BREAST IMAGING SCHEDULING GUIDELINES

GENERAL PATIENT INFORMATION

- Please be advised; failure to present this imaging request at the time of your appointment may result in cancellation and rescheduling of your exam.
- Arrive at the specified time to allow for registration and exam preparation.
- Notify us upon arrival of any special needs or allergies
- You may take any prescribed medication as usual unless specified at the time of scheduling.
- Bring your ID, insurance card and authorization of workers comp information.
- Co-pay, co-insurance and /or deductables will be collected at time of service.
- Wear comfortable clothing.
- Leave valuables at home (VRI is not responsible for lost or stolen articles).

Preparation for Digital Mammogram Examination:

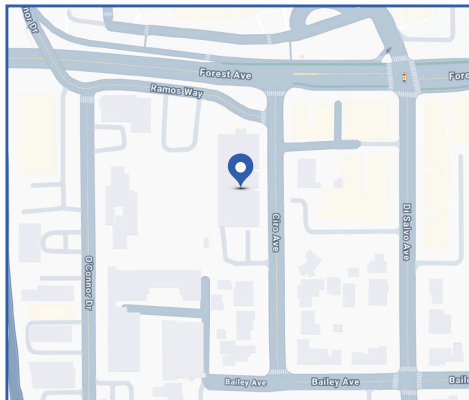
- No perfume, deodorant or body powder the day of the exam
- Please wear two piece clothing.



- **If there is any possibility of pregnancy, please inform our staff prior to your appointment.**
- **If you have asthma, please bring your inhaler to the appointment.**
- **You must bring all prior breast imaging studies, if performed outside of VRI, to your appointment.**
- **We do not perform follow-up diagnostic mammograms on patients who have not been previously scanned by VRI.**

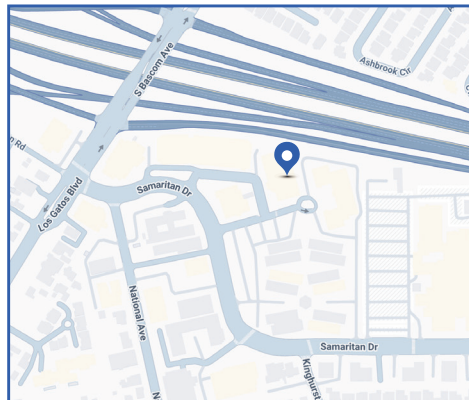
Ciro Women's Center

125 Ciro Ave., Ste. 220, San Jose, CA 95128
P: (408) 297-4591 | F: (408) 283-9198



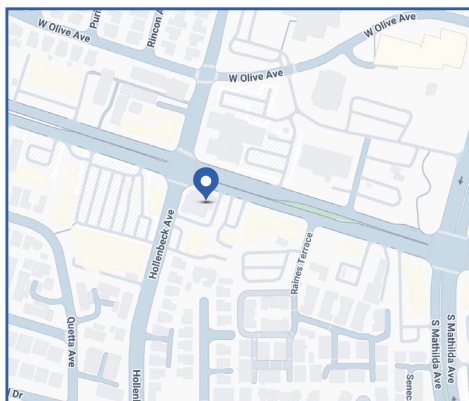
Samaritan Women's Center

2581 Samaritan D, Ste. 206, San Jose, CA 95124
P: (408) 358-6881 | F: (408) 356-8785



VRI Sunnyvale

696 W El Camino Real, Sunnyvale, CA 94087
P: (650) 967-1331 | F: (650) 691-6794



East San Jose Women's Center

2323 McKee Rd, Ste. 40, San Jose, CA 95116
P: (408) 964-1000 | F: (408) 272-7784

