

Phone: (360) 337-6500 / (800) 972-9264 • Fax (360) 662-5501

Appointment Date: _____ Check-in Time: _____

Location: Silverdale Port Orchard Poulsbo *See reverse for maps.*

Please bring this form, picture ID and insurance card to your appointment.

Please make arrangements for children as they may not be left unattended in the waiting room.

Date of Referral: _____ Referring Provider Name (please print) _____

Referring Provider SIGNATURE REQUIRED: X

Patient Name: (First, MI, Last) (please print) _____

Male Female DOB: _____ Best phone () _____

Insurance _____ Authorization # _____

Written Diagnosis/Reason/Symptom for Exam(s) **REQUIRED:**

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. **Rule out, Possible or Probable Conditions cannot be coded.** For Medicare Policy information see the Part B Bulletin or www.noridian.com/medweb.

Patient has implants: No Yes

Previous films: No Yes Where? _____ When? _____

Diagnostic breast tomosynthesis and ultrasound as clinically indicated by radiologist.

No tomosynthesis No ultrasound Reason: _____

Reporting

Routine Stat

Call Report # _____

Fax Report # _____

Call Report/Patient Wait

Patient to Return with CD

Other _____

Scheduling

Routine: 3-5 days

ASAP: 1-2 days

Stat: 24 hours

SCREENING SERVICES: Silverdale • Port Orchard • Poulsbo

Screening Mammography with CAD

- Bilateral Right Left
- With screening 3D breast tomosynthesis (Silverdale only)

Bone Densitometry

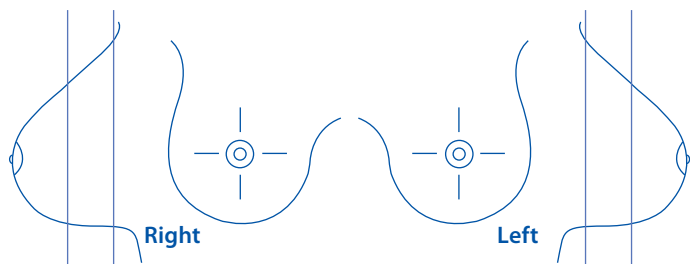
- DEXA axial skeleton (lumbar and hip) DEXA with VFA
- VFA Vertebral Fracture Assessment DEXA appendicular skeleton (wrist)

DIAGNOSTIC SERVICES: Silverdale only

Diagnostic Mammogram with CAD

- Bilateral
- Right (perform bilateral mammogram if patient is due)
- Left (perform bilateral mammogram if patient is due)
- Palpable mass (mark diagram)
 - Skin dimpling/nipple retraction
 - Persistent focal pain (mark diagram)
 - Bloody or clear nipple discharge
 - First mammogram post biopsy
 - Other _____

Please mark area of concern:



Ultrasound

- Bilateral
- Right (perform bilateral if clinically indicated by radiologist)
- Left (perform bilateral if clinically indicated by radiologist)

Special Procedures

- | | | |
|--|--------------------------------|-------------------------------|
| <input type="checkbox"/> Cyst Aspiration | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Cyst Aspiration, if indicated | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> MRI Needle Biopsy (stereotactic or US-guided) | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Galactogram | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Wire localization | <input type="checkbox"/> Right | <input type="checkbox"/> Left |

MRI (Contrast and creatinine lab draw as clinically indicated by radiologist)

- Bilateral Breast MRI

This form is confidential and is intended solely for the use of the medical provider named above. If you are not the intended recipient or the intended recipient's agent and have received this communication in error, notify sender immediately and destroy this document.

Instructions for Breast Imaging

Mammograms

Mammogram, galactogram (ductogram), wire localization

1. Please wear a two-piece outfit.
2. Wear no deodorant or powder.
3. For a wire localization, follow instructions given to you by your surgeon or surgery center.

Ultrasound

Breast ultrasound or cyst aspiration

No preparation is necessary, unless you are also having a mammogram or extra views for your mammogram, in which case you would follow the above instructions for a mammogram.

Needle Biopsy

Stereotactic, Ultrasound-guided, MRI-guided

Please call (360) 337-6551 for instructions.

For questions on imaging or directions, please call (360) 337-6500 or (800) 972-9264.

Breast Imaging Center locations



Silverdale

1780 NW Myhre Road
Suite 1220
(First floor in Harlow Medical Building
on Harrison Silverdale campus)

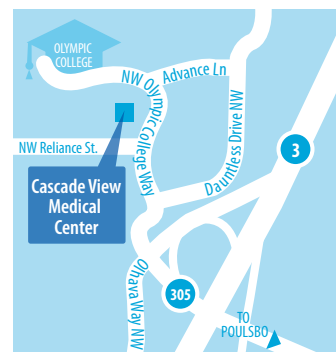
- Mammography
- Ultrasound
- DEXA Scan
- Special Procedures
- Breast MRI



Port Orchard

450 S. Kitsap Boulevard
Suite 110
(First floor on Harrison
Port Orchard campus)

- Screening Mammography
- DEXA Scan



Poulsbo

22180 Olympic College Way
Suite 101
(First floor in Cascade View
Medical Center)

- Screening Mammography
- DEXA Scan