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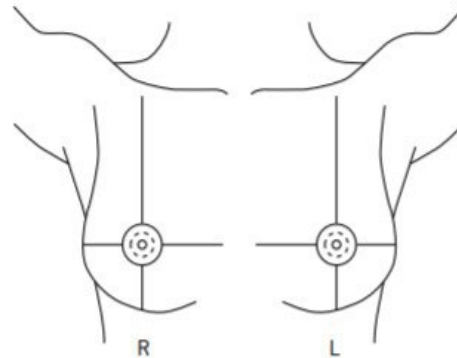
Breast Imaging Requisition

Patient: _____ PHN: _____ Bill to: ☐MSP ☐SELF ☐OTHER _____
DOB: _____ Gender: ☐F ☐M ☐U Patient Phone #: _____
Physician: _____ Billing# _____ Signature: _____
Physician address: _____ Physician fax #: _____
Copies to Name & Fax #: _____

Patient History and Indication (*followed by our radiologist recommendations for imaging*)

Previous mammograms/biopsy (when& where) _____
Is patient pregnant? ☐ yes* ☐ no Is patient breastfeeding? ☐ yes* ☐ no (*mammography is usually not recommended)

Mark area(s) of concern



Diagnostic Indication (Must be checked)

- ☐ **Lump** (mammography and targeted ultrasound) **
- ☐ **Thickening** (mammography and targeted ultrasound) **
- ☐ **Nipple discharge** (mammography and targeted ultrasound) **
- ☐ **Previous breast cancer** (annual mammography only) **
- ☐ **Previous breast cancer with total mastectomy** (targeted ultrasound of area of concern)
- ☐ **Localized pain/ tenderness** (Age 35 + mammography only. Patients under 35 targeted ultrasound)
- ☐ **Breast prosthesis (implants) for screening** (annual mammography for patients age 40+)
- ☐ **Breast prosthesis (implants) for complaint-** choose one of the indications above
- ☐ **Male for gynecomastia** (mammography and bilateral breast ultrasound age 25+)
- ☐ **Follow- up previous findings** (As per reported recommendations)
- ☐ **Other** (specify): _____

** Mammography is usually not recommended for patients under 30. Patients aged 30-35 may require mammography if further workup is required.

Failure to cancel an appointment without 24 hours notice will result in an \$85 patient charge.

We require breast imaging requisitions be faxed to the appropriate office. Incomplete requisitions will be rejected and returned.