

**PLEASE BRING THIS FORM, YOUR INSURANCE CARD, PHOTO ID AND ALL PRIOR MAMMOGRAMS TO YOUR APPOINTMENT**

For scheduling Phone and Fax see reverse side



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  Tomosynthesis/3D
- Additional imaging at discretion of radiologist

**DIAGNOSTIC (for symptomatic patients)**

- Right  Left
- Tomosynthesis/3D (and ultrasound if indicated)
- Mammogram (and ultrasound if indicated)
- Breast ultrasound (and mammogram if indicated)

**BREAST MRI**

- Bilateral with and without contrast
- Bilateral without contrast for silicone implant integrity

**BREAST PROCEDURES**

- Right  Left
- Ultrasound-guided core biopsy
- Stereotactic core biopsy
- Cyst aspiration
- MRI guided biopsy
- Ductogram

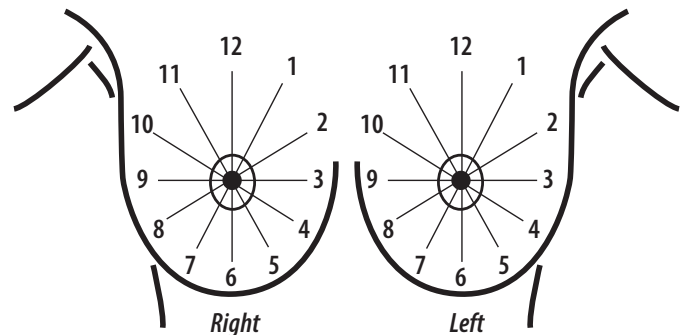
**PELVIC IMAGING**

- HSG-Hysterosalpingogram
- Pelvis US TA/TV
- Pelvic MRI with and without contrast
- Sonohysterography

**DEXA**

- Bone Densitometry (DEXA)

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



**Reason for study/Symptoms (required):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



see reverse side for:  
**MAPS & ICD 10 CODES**

Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

See reverse side for patient information, services and diagram.

# BREAST IMAGING SCHEDULING GUIDELINES & MAPS

## 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).

## MAMMOGRAPHY

- Do not use powder, perfume or deodorant on the day of your exam.
- Wear a 2 piece outfit.



**- 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.**

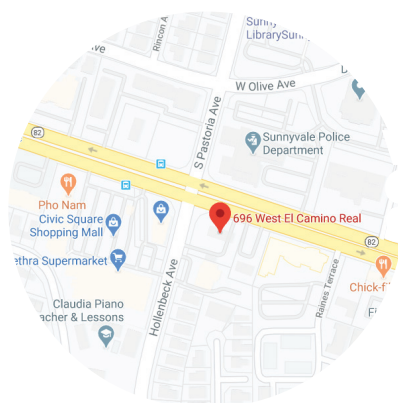
**- YOU MUST BRING ALL PRIOR BREAST IMAGING STUDIES, IF PERFORMED OUTSIDE OF VRI, TO YOUR APPOINTMENT.**

NOTE: MAPS ARE ONLY GENERAL DIRECTIONS



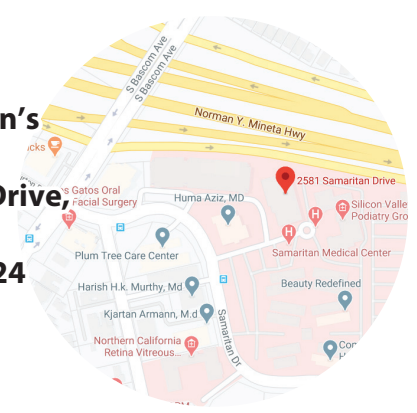
**Ciro Women's Center**  
**125 Ciro Ave.**  
**Suite 220**  
**San Jose, CA 95128**

**P: (408) 297-4591**  
**F: (408) 283-9198**



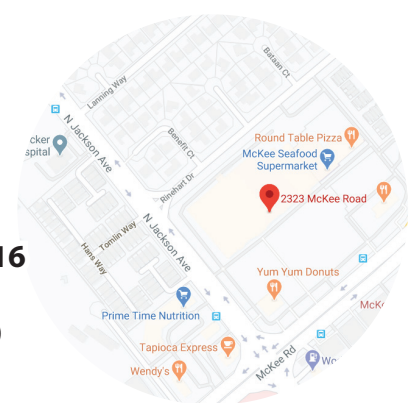
**VRI Sunnyvale**  
**696 W El Camino Real**  
**Sunnyvale, CA 94087**

**P: (650) 967-1331**  
**F: (650) 691-6794**



**Samaritan Women's Center**  
**2581 Samaritan Drive,**  
**Suite 206**  
**San Jose, CA 95124**

**P: (408) 358-6881**  
**F: (408) 356-8785**



**East San Jose Women's Center**  
**2323 McKee Rd,**  
**Suite 540**  
**San Jose, CA 95116**

**P: (408) 964-1000**  
**F: (408) 272-2873**