

To make an appointment, call: 714-744-8649
Fax: 714-744-8622

Breast Imaging Requisition

This form is verification of your doctor's order. It is required on the day of your appointment.

Date: _____

Referring Physician (Print): _____ (Signature): _____

Insurance Authorization: _____

Patient Name: _____ Age: _____ DOB: _____

Clinical Diagnosis: _____

Previous films? Yes No **(Must Bring)**

Where: _____ When: _____

Screening Mammogram (Asymptomatic)

Requirements:

- 1.) Patient must be 35 or older
- 2.) Patient must be asymptomatic
- 3.) A breast examination performed by the referring physician within the last six months must be normal
- 4.) Asymptomatic implants
- 5.) No personal history of breast cancer

Diagnostic Mammogram (Symptomatic)

Current Symptom(s):

- Lump Size: _____ Location: _____
- Nipple discharge (spontaneous)
- Focal pain for more than 2 menstrual cycles
- Personal history of breast cancer
- Pre-radiation

Second Opinion/Written Consult

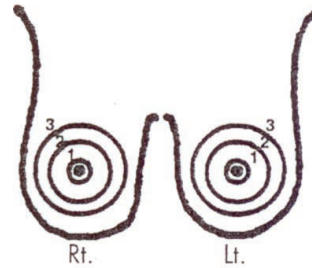
Must bring:

- 1.) Original mammography films and reports
- 2.) Pathology reports
- 3.) Chart notes

Bone Mineral Density (Dexa)

Other

Please Mark Region of Concern on Diagram



Breast U/S (specify location):

R L Location (o'clock) _____

Breast MRI

Implant Contrast

Procedures

| | R | # sites | L | #sites |
|---|--------------------------|---------|--------------------------|--------|
| <input type="checkbox"/> U/S Guided Cyst ASP/FNA | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> U/S Guided Core Bx | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> U/S Guided (Vacuum-Assisted Core Bx) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Stereotactic Guided | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Needle localization | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Ductogram localization (surgery to follow) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Clip Placement (Pre-Neoadjuvant Chemotherapy) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

Mammography Instructions

- If you have had a previous study at St. Joseph Medical Plaza and Outpatient Pavilion or Women’s Imaging Center/ MRD, Inc., we will arrange to have your films here the day of your mammogram.
- If you have had a previous study, you must bring these mammograms with you to your appointment.
- Please refrain from using powder, lotion or deoderant the day of your mammogram.
- Wear a comfortable two-piece outfit.
- Please do not wear a necklace or earrings.

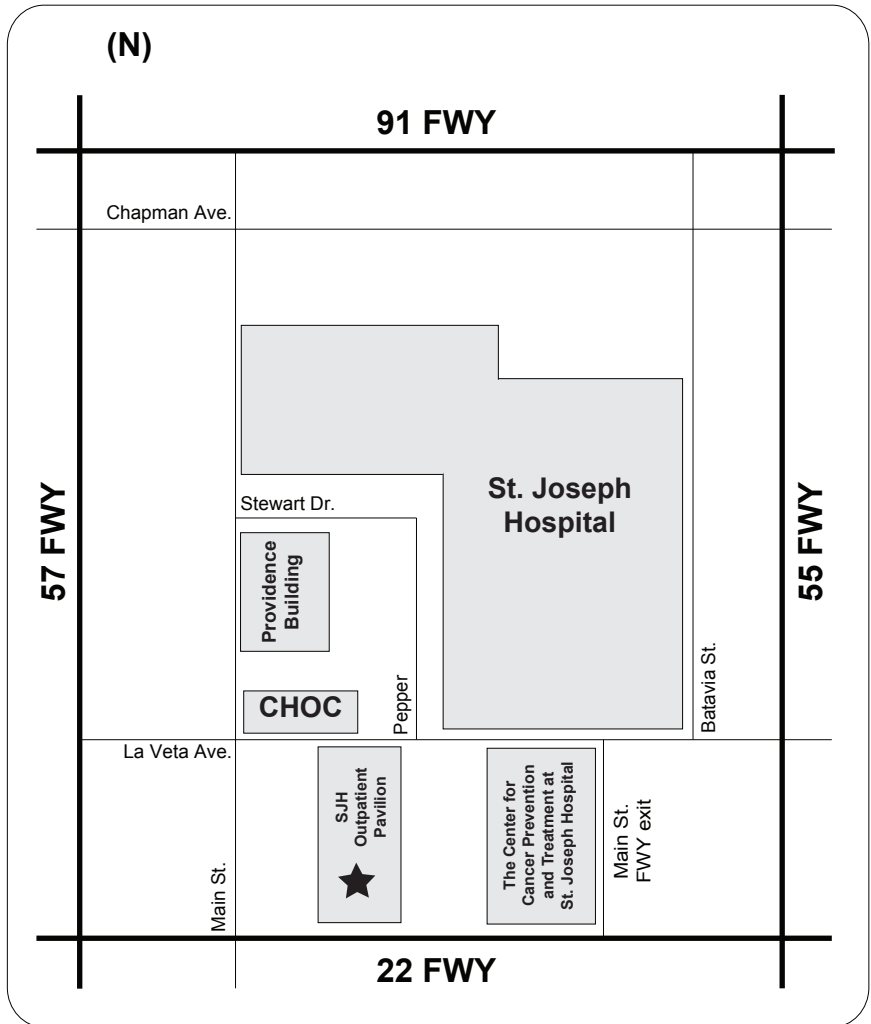
Map and Locations

★ **St. Joseph Medical Plaza
Outpatient Pavilion
Mammography Department**

Located on the second floor in
Women’s Services at:

1140 W. La Veta Ave.
Orange, CA 92868

To make an appointment,
call: **714-744-8649**



*Map is not drawn to scale