BREAST CENTER ORDER FORM

SCHEDULING

See specific market
P: 855.643.7226
E: PSScheduling@RAYUSradiology.com

INSURANCE SPECIALIST LINE

P: 425.250.1160

MEDICAL RECORDS FAX LINE

P: 425.251.4307

O Patient will call to schedule O Call patient to schedule



D Bellevue Breast Center P: D Federal Way - <i>Breast MRI only</i> P:	: 425.637.9729 : 425.974.1044 : 253.942.7226 : 253.735.1991	F: 425.974.1033 F: 253.942.3517	O Issaquah - Breast MRI only O Issaquah Breast Center O Port Orchard O Poulsbo	P: 206.524.5599 P: 425.637.0951 P: 360.598.3141 P: 360.598.3141	F: 425.974.1033 F: 360.598.3431
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Appointment date and time		Check-in time	Patient DOB		Sex assigned at birth O M O F
Patient name (as shown on insurance card)		Primary phone #		Secondary phone #	
Insurance name	Insurance ID #	Authorization # Authorization insurance phone		phone #	

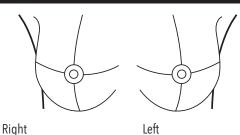
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.

EXAMINATION REQUESTED

- O Screening mammogram (with computer-aided detection and 3D tomosynthesis)

 There are no patient or physician concerns; proceed with diagnostic evaluation if abnormality is found.
- O Diagnostic breast evaluation to include mammography, physical exam, breast ultrasound, FNA, cyst aspiration, MRI and/or core biopsy as clinically indicated.
- O Breast MRI (bilateral) Bellevue, Federal Way, Issaquah and Poulsbo locations For high-risk surveillance
- O Bone densitometry (DXA Scanning) Federal Way Breast Center, Issaquah Breast Center, Port Orchard and Poulsbo locations
 O Vertebral fracture assessment (VFA)
- O Screening or O Diagnostic
- History of pathological fracture? No Yes
- Age-related osteoporosis w/o current pathological fracture? No Yes
- Estrogen deficiency/clinical risk for osteoporosis? No Yes
- Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? No Yes
- O Other

LOCATION OF CONCERN



Distance from the nipple _____ cm

O History of dense breasts Other			
REPORTING METHOD	O Routine O Hold and call	O Read and callO Patient to hand carry films/CD/report	O STAT/ASAP O Next-day follow-up
Provider name (print)		Provider location City/Zip	Phone #
Provider signature (required)	e a with he wetermen	NPI # (required for new providers)	Date

Onterpreter needed (language)_



PATIENT PREPARATION

No children under 12 allowed in the waiting room unless accompanied by another adult.

MAMMOGRAM

Do not use talcum powder or underarm deodorant the day of your exam, as this can interfere with the detection of calcifications. Please wear a two-piece outfit.

BREAST BIOPSY

Discontinue use of aspirin, or other mild blood thinners, five days prior to the biopsy. If you take Coumadin, Plavix or other more potent blood thinners, you must first consult your physician to make sure it's safe to stop that medicine in advance. Please wear a two-piece outfit.

BONE DENSITOMETRY

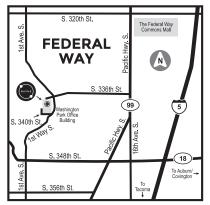
No calcium supplements 24 hours prior to exam. Wear an outfit with no metal buttons around waist.

Visit RAYUSradiology.com for detailed driving directions to our centers. Call us at 855.643.7226.



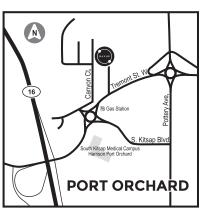
BELLEVUE 1310 116th Ave. NE, Suite E Bellevue, WA 98004

BELLEVUE BREAST CENTER 1810 116th Ave. NE, Suite 101 Bellevue, WA 98004



FEDERAL WAY 33801 First Way S., Suite 101 Federal Way, WA 98003

FEDERAL WAY BREAST CENTER 33801 First Way S., Suite 100 Federal Way, WA 98003

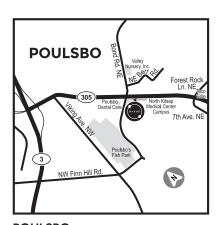


PORT ORCHARD 463 Tremont St. W., Suite 130 Port Orchard, WA 98366



ISSAQUAH 1301 4th Ave. NW, Suite 202 Issaquah, WA 98027

ISSAQUAH BREAST CENTER 1301 4th Ave. NW, Suite 203 Issaquah, WA 98027



POULSBO North Kitsap Medical Center 20700 Bond Rd. NE, Bldg. B Poulsbo, WA 98370