

# BREAST IMAGING

This form is part of the patient's medical records and must be completed for referral

Date of Referral \_\_\_\_\_ Referring Provider Name \_\_\_\_\_

Patient Name (First, MI, Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

SS# \_\_\_\_\_ Translator Needed (language) \_\_\_\_\_

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

Radiologist can change order per protocol, unless box is checked

CPT CODE: \_\_\_\_\_ ICD-10 CODE: \_\_\_\_\_

Breast Cancer History: **It rt** Mastectomy History: **It rt** Implants: **Y N**

## PRIOR EXAMS

Date of Service \_\_\_\_\_ Facility Location \_\_\_\_\_  
Other Last Name \_\_\_\_\_

## SCREENING SERVICES

### Mammography

Screening Mammogram (no symptoms)

**It rt bilat**

### Bone Densitometry (DEXA)

Spine & Femur

Other (Specify) \_\_\_\_\_

### Appointment:

Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Call patient to schedule

Patient will call to schedule

## DIAGNOSTIC SERVICES

Diagnostic Mammogram **It rt bilat**

(Ultrasound if clinically indicated)

Needle Biopsy if indicated

Needle LOC Placement **It rt bilat**

Stereotactic Breast Biopsy **It rt bilat**

Galactogram **It rt bilat**

### Ultrasound

Breast Limited **It rt bilat**

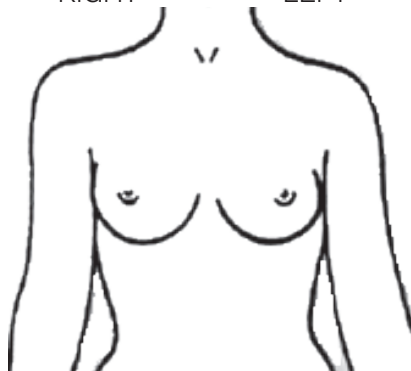
Breast Complete **It rt bilat**

Breast Cyst Aspiration **It rt bilat**

Guided Breast Biopsy **It rt bilat**

Indicate area of concern:

RIGHT LEFT



### MRI EXAM

Creatinine / GFR: \_\_\_\_\_ / \_\_\_\_\_ Date Drawn: \_\_\_\_\_

Contrast at Radiologist Discretion  On-site Creatinine if needed

Patient has a Pacemaker / or Implanted Device

Breast MRI Bilat with Contrast  
(Limited Chest MRI if indicated)

### Reports:

Call STAT: \_\_\_\_\_

Fax STAT: \_\_\_\_\_

Fax Routine: \_\_\_\_\_

Images:  CD ROM  Web PACS

Send with patient  Send to provider

### Additional Reports to PCP:

Insurance(s): \_\_\_\_\_

Pre-Authorization #: \_\_\_\_\_

Injury Date: \_\_\_\_\_

Claim #: \_\_\_\_\_

**MultiCare**   
Medical Imaging

Scheduling:

Phone: 253.792.6220 • Toll Free: 866.268.7223

Fax: 253.792.6230

Referring Provider Signature (required for exam): \_\_\_\_\_

# MultiCare Medical Imaging Locations

## AUBURN

MultiCare Auburn Health Center

202 Cross St. SE Auburn, WA 98002

Phone: 253.792.6220 • Fax: 253.792.6230

Auburn Diagnostic Imaging Services

125 3rd St. NE # 300 Auburn, WA 98002

Phone: 253.886.5307 • Fax: 253.886.5326

Auburn Medical Center

202 N Division St. Auburn, WA 98001

Phone: 253.792.6220 • Fax: 253.792.6230

## BONNEY LAKE

Diagnostic Imaging Northwest

21110 SR 410 East, Suite 110, Bonney Lake, WA 98391

Phone 253.841.4353 • Fax 253.446.3973

Diagnostic Imaging Northwest

10004 - 204th Ave East, Suite 2600, Bonney Lake, WA 98391

Phone 253.841.4353 • Fax 253.446.3973

## COVINGTON

MultiCare Covington Clinic

17700 S.E. 272nd St., Suite 145 Covington, WA 98042

Phone: 253.792.6220 • Fax: 253.792.6230

## GIG HARBOR

MultiCare Gig Harbor Medical Park

4545 Pt. Fosdick Dr. NW, Suite 135, Gig Harbor, WA 98335

Phone 253.792.6220, Toll free 866.268.7223

Fax 253.792.6230

## KENT

MultiCare Kent Clinic

222 State Ave. N. Kent, WA 98030-4544

Phone: 253.792.6220 • Fax: 253.792.6230

## PUYALLUP

Diagnostic Imaging Northwest

222 15th Avenue Southeast, Puyallup, WA 98372

Phone 253.841.4353 • Fax 253.446.3973

Diagnostic Imaging Northwest

11212 Sunrise Blvd. East, Suite 200, Puyallup, WA 98374

Phone 253.841.4353 • Fax 253.446.3973

Good Samaritan Hospital

401 15th Avenue Southeast, Puyallup WA, 98371

Phone 253.792.6220, Toll free 866.268.7223

Fax 253.792.6230

## TACOMA

Allenmore Medical Center

Hospital: 1901 South Union Avenue, Tacoma, WA 98405

Phone 253.792.6220, Toll free 866.268.7223

Fax 253.792.6230

C Building: 3124 So. 19th Street, Suite 100, Tacoma, WA 98405

253.792.6220, Toll free 866.268.7223 • Fax 253.792.6230

Mary Bridge Children's Health Center

311 South L Street, Tacoma, WA 98405

Phone: 253.403.9152 • Fax: 253.403.9153

MultiCare Tacoma General Hospital

& Mary Bridge Children's Hospital

315 Martin Luther King, Jr. Way, 3L, Tacoma, WA 98405

Phone 253.792.6220, Toll free 866.268.7223

Fax 253.792.6230

Carol Milgard Breast Center

4252 S. 19th St. Tacoma, WA 98405

Phone: 253.759.2622, Toll free 866.758.2622

Fax: 253.572.4324