

Patient Information

Patient Name _____ DOB _____ NYPH/MRN _____

Signs and Symptoms/ICD-10 Codes _____

Appointment Information

Patients: Please review exam prep instructions on reverse side

Exam Date _____ Exam Time _____ Pre-Authorization No. _____

Prior Studies ☐ Yes ☐ No Please send comparison studies prior to appointment (instructions on reverse side). For questions, call 646.962.9617

Physician Information

Physician Name _____ NPI _____

Physician Address _____ Phone _____ Fax _____

Physician Signature _____ Date Ordered _____

Send report ☐ fax ☐ mail | Send CD of images ☐ to office ☐ with patient ☐ report only Reports are mailed/faxed automatically

Breast Imaging Requisition

Breast Imaging

☐ Radiologist may perform diagnostic mammogram and/or ultrasound if clinically indicated by initial exam

☐ Radiologist may perform biopsy if clinically indicated by completed breast imaging

☐ Screening Mammography (no breast symptoms, includes Screening 3D Tomosynthesis)

☐ Implants ☐ Family history / high-risk

☐ Breast Ultrasound (no breast symptoms, mammography within previous 6 months)

☐ Diagnostic Mammography ☐ Bilateral ☐ Right ☐ Left

☐ Lump / mass / thickening

☐ Localized breast pain or tenderness

☐ Suspicious nipple discharge (clear/bloody/brown)

☐ Dimpling or contour deformity

☐ Radiographic abnormality on screening mammography

☐ Personal history of breast cancer, within the last 2 years

☐ Other (must specify) _____

☐ Right ☐ Left

☐ Right ☐ Left

☐ Right ☐ Left

☐ Right ☐ Left

☐ Right ☐ Left

☐ Right ☐ Left

☐ Right ☐ Left

☐ Diagnostic Breast Ultrasound ☐ Bilateral ☐ Right ☐ Left

☐ Lump / mass / thickening

☐ Localized breast pain / palpable mass in patient under 30

☐ Palpable mass in lactating or pregnant patient

☐ Other (must specify) _____

☐ Right ☐ Left

☐ Right ☐ Left

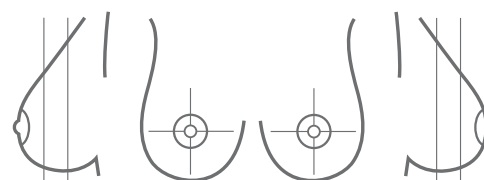
☐ Right ☐ Left

☐ Right ☐ Left

Please specify area(s) of concern:

Right

Left



Comments _____

Advanced Breast Imaging & Breast Intervention

☐ Stereotactic Breast Biopsy

☐ Right ☐ Left # of sites _____

☐ Ultrasound – Guided FNA

☐ Right ☐ Left # of sites _____

☐ Ultrasound – Guided Core Biopsy

☐ Right ☐ Left # of sites _____

☐ Ultrasound – Guided Cyst Aspiration

☐ Right ☐ Left # of sites _____

☐ Ductogram

☐ Right ☐ Left

☐ MRI – Guided Biopsy

☐ Right ☐ Left # of sites _____

☐ MRI – Guided Needle Localization

☐ Right ☐ Left # of sites _____

☐ Breast MRI w/o contrast

☐ Saline Implants ☐ Silicone Implants ☐ w/o contrast (r/o implant rupture only)

Additional Imaging

☐ DEXA Screening – Osteoporosis Screening (once every 24 months)

☐ DEXA Diagnostic (less than 24 months) ICD DX Code to Support Diagnostic _____

☐ Pelvic Transabdominal Ultrasound ☐ Add transvaginal if indicated

☐ Pelvic Transvaginal Ultrasound

☐ Abdomen Ultrasound

☐ Obstetrics (<14 weeks)

☐ Hysterosonography

☐ Pelvic MRI ☐ w/o contrast ☐ w/o contrast

☐ Other (specify): _____

Breast Imaging Preparation Instructions

Patient Checklist

- ☐ Send comparison studies, if performed at another facility, to us electronically or to the address below *prior* to your appointment. For questions, call **646.962.9617**.

Weill Cornell Imaging at NewYork-Presbyterian: Medical Records
425 East 61st Street, 9th Floor, New York, NY 10065

- ☐ Bring this prescription form to your appointment.
- ☐ Consult your insurance company for any inquiries regarding referrals and pre-authorizations.
- ☐ Bring your insurance card to your appointment (copays are collected at the time of service).

Weill Cornell Imaging at NewYork-Presbyterian Locations



- ☐ **1 1305 York Ave**, 3rd Floor, NY, NY 10021 (70th St)
- ☐ **2 1283 York Ave**, 7th Floor, NY, NY 10065 (69th St)
- ☐ **3 520 East 70th St**, Starr Pavilion, Floor 0, NY, NY 10021
- ☐ **4 *425 East 61st St**, 9th Floor, NY, NY 10065
- ☐ **5 416 East 55th St**, Ground Floor, NY, NY 10022
- ☐ **6 2315 Broadway**, 4th Floor, NY, NY 10024 (84th St)
- ☐ **7 *53 Beekman St**, Ground Floor, NY, NY 10038
- ☐ **8 *28-25 Jackson Ave**, 2nd Floor, Long Island City, NY 11101

* Mammography and Breast Ultrasound Exams are offered at these locations

Patient Instructions

MAMMOGRAPHY

- Do not use deodorant, talcum powder, lotion or oils on day of exam.
- Notify the staff ahead of time if you have breast implants.
- Please send prior outside films for comparison prior to scheduled appointment. For questions, please call **646.962.9617**.

BREAST INTERVENTION

- Please contact office Breast Coordinator for procedure preparation at **646.962.9650**.

ULTRASOUND

- Pelvic Transabdominal:** You should arrive with a full bladder (32 oz. of water is suggested). You should not urinate/empty your bladder before the exam.
- Abdomen:** No food or liquids 6 hours prior to the exam. You may have water, and coffee or tea without milk or sugar. Morning appointments are preferred. If medication must be taken on the day of the exam, you may do so with water only.
- Hysterosonography:** Exam must be scheduled 6-9 days from the first day of your last menstruation. Menstruation must be completed by exam date.

BONE DENSITY

- You may take calcium supplements and medications as prescribed.
- If coordinating with nuclear scans or IV contrast exams, the bone density scan must be done first.

MRI

- METAL Implants:** Please inform your referring physician and the MRI staff if you have any metal in your body including a CARDIAC PACEMAKER.
- Breast:** Exam must be performed within 1 week following the completion of last menstruation.
- Pelvic:** No food or liquids 6 hours prior to the exam.
- Patients with Decreased Kidney Function:** Inform the MRI staff at the time of visit.
- Diabetic Patients:** Please inform scheduler when making appointment in order to coordinate medication and diet prior to exam. You may have a light meal (tea and toast) before the exam and may bring a snack with you.