

Patient Information

*Patient Name _____ *DOB _____ NYP MRN _____

*Signs and Symptoms / ICD-10 Codes _____

Appointment Information

Patients: Please review exam preparation instructions on reverse side

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

Location: 1305 York 1283 York 520 E 70th 425 E 61st 416 E 55th 2315 Broadway 53 Beekman 28-25 Jackson

Prior Studies? Yes No **Please send comparison studies prior to appointment (see reverse side)**

Referring Physician Information

Want electronic results and images? Email wcinyp-liaison@med.cornell.edu

*Physician Name _____ *NPI _____

Physician Address _____ Phone _____ *Fax _____

*Physician Signature _____ STAT Read: call _____

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)

Saline Implants Silicone Implants Family history / high-risk _____

Diagnostic Mammography Bilateral Right Left

Lump / mass / thickening

Localized and persistent pain or tenderness to touch

Suspicious nipple discharge (clear/bloody/brown)

Dimpling or contour deformity

Radiographic abnormality on screening mammography

Status post lumpectomy for Breast Cancer within last 3 years

Other (must specify) _____

Breast Ultrasound Bilateral Right Left

Lump / mass / thickening

Localized breast pain / palpable mass in patient under 30

Palpable mass in lactating or pregnant patient

Personal history of breast cancer

Personal history of benign biopsy / excision

Other (must specify) _____

Right Left

Right Left

Right Left

Right Left

Right Left

Right Left

Right Left

Right Left

Right Left

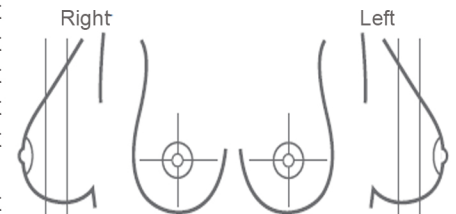
Right Left

Right Left

Right Left

Right Left

Please specify area(s) of concern:



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 # of sites _____

MRI - Guided Biopsy

Right Left # of sites _____

MRI - Guided Needle Localization

Right Left # of sites _____

Breast MRI w/wo contrast

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

Ancillary Breast MRI w/wo contrast (average risk, e.g., dense breast tissue)

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

Abdomen Ultrasound

Obstetrics (<14 weeks)

Hysterosonography

Pelvic MRI w/wo contrast w/o contrast

Other (specify): _____

Patient Checklist

- Prior imaging done at another facility should be submitted prior to your appointment via one of the following options:
 1. Upload electronically at: <https://wcinyp.ambrahealth.com/share/breastpriors> **OR**
 2. Mail them to: Weill Cornell Imaging at NewYork-Presbyterian ATTN: Medical Records
425 East 61st Street, 9th Floor, New York, NY 10065
- Bring this prescription form to your appointment.
- Bring your insurance card to your appointment (copays are collected at the time of service).

Medical Records

Your results will automatically be sent to the referring provider listed on this prescription and will be accessible to you through Connect where you can view and share your images and reports. Simply search the menu in Connect for "View Radiology Images"

Online Scheduling



You can now schedule your appointment online! Scan the QR code to begin.

Questions? Visit wcinyp.org/patients for more information.

Locations

* Mammography and Breast Ultrasound Exams are offered at these 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

Exam Preparations

MAMMOGRAPHY:

- Do not use deodorant, talcum powder, lotion or oils on the day of exam.
- Notify staff ahead of time if you have breast implants.

BREAST BIOPSIES:

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

ULTRASOUND:

- **Pelvis 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 medical must be taken on the day of the exam, you may do so with water only.

BONE DENSITY:

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

MRI:

- **METAL Implants:** Inform your physician and our staff if you have metal in your body including a CARDIAC PACEMAKER.
- **Patients with Decreased Kidney Function:** Inform our team at the time of your exam.
- **Diabetic Patients:** Inform scheduler when making appointment in order to coordinate medication and diet prior to exam.