

## 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  504 W 35th  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](mailto: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)

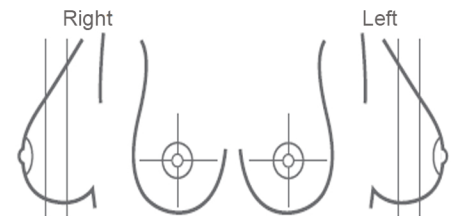
- Implants  Family history / high-risk

### 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

Please specify area(s) of concern:



### 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

Comments \_\_\_\_\_

## Advanced Breast Imaging & Breast Intervention

- Sterotactic 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)
- 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 or upload electronically at [wcinyp.org/patients](http://wcinyp.org/patients)
- 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](http://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)
- 7 504 West 35th St, 2nd Floor, NY, NY 10001
- 8 \*53 Beekman St, Ground Floor, NY, NY 10038
- 9 \*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 medicine must be taken on the day of the exam, you may do so with water only.

### BONE DENSITY:

- You may take calcium supplements and medicine 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.