

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

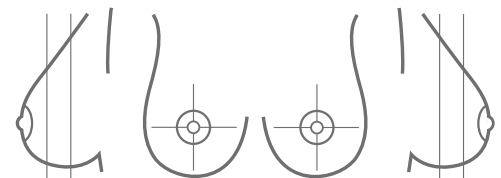
Right Left

Right Left

Please specify area(s) of concern:

Right

Left



Comments _____

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

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/wo 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/wo contrast w/o contrast

Other (specify): _____

Breast Imaging Preparation Instructions

Patient Checklist

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

Weill Cornell Imaging at New York-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 New York-Presbyterian Locations



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

**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.