

## Patient Information

Patient Name \_\_\_\_\_ Insurance \_\_\_\_\_  
 DOB \_\_\_\_\_ Insurance ID No. \_\_\_\_\_  
 NYPH / MRN \_\_\_\_\_ Pre-Authorization No. \_\_\_\_\_  
 Signs and Symptoms/ICD-10 Codes \_\_\_\_\_

## Appointment Information

Exam Date \_\_\_\_\_ Exam Time \_\_\_\_\_  
 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

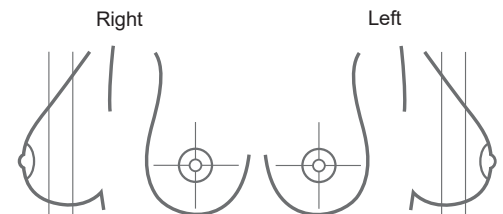
- Breast Ultrasound** (no breast symptoms, mammography within previous 6 months)

- 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
- Right  Left

*Please specify area(s) of concern:*



- 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

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/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 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).

### 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** 2315 Broadway, 4th Floor, New York, NY 10024 (84th St)
- 6** \*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.

#### 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.
- **If Patient has Diabetes or Decreased Kidney Function:** It is recommended that BUN and creatinine blood levels be obtained by your primary care physician and the results be forwarded to Weill Cornell Imaging *prior to exam* (lab work must be done within 2 weeks of scan).
- **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.