



# THE RADIOLOGY CLINIC

## Breast Imaging Center

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www.theradclinic.com

<b>Patient Name:</b>	<b>DOB:</b>	<b>Date:</b>
<b>Clinical History / Symptoms:</b>		
<b>Special Instructions:</b>		
<b>Ordering Provider:</b>		
<b>Provider Signature:</b>		
<b>Provider Telephone:</b>		
<b>Provider Fax:</b>		

**\* Comprehensive Referral - I prescribe any breast services performed at the Breast Radiologist's discretion.**

☐ Any breast imaging study or studies that the Breast Radiologist deems necessary for diagnosis including Mammogram, Ultrasound, or MRI

**Mammography with 3D Tomosynthesis**

☐ Screening Mammo (Asymptomatic)

☐ Right

☐ Left

☐ Bilateral

☐ Diagnostic Mammo (Symptomatic) w/ Breast Ultrasound as needed

☐ Right

☐ Left

☐ Bilateral

**Bone Density**

☐ DEXA with FRAX

☐ Other: \_\_\_\_\_

**Ultrasound**

☐ Breast Ultrasound

☐ Screening

☐ Diagnostic

☐ Right

☐ Left

☐ Bilateral

☐ Abdominal Ultrasound

☐ Renal and Bladder Ultrasound

☐ OB First Trimester Ultrasound

☐ Pelvic Ultrasound (TV if indicated)

☐ Other: \_\_\_\_\_

**MRI**

☐ Breast MRI

☐ Breast MRI Implant Rupture Protocol

☐ MRI Female Pelvis

☐ Other: \_\_\_\_\_

**Imaging Guided Biopsy**

☐ Stereotactic biopsy with post-mammo films

☐ Right

☐ Left

☐ Bilateral

☐ Ultrasound biopsy with post-mammo films

☐ Right

☐ Left

☐ Bilateral

☐ MRI biopsy with post-mammo films

☐ Right

☐ Left

☐ Bilateral

**Reasons for Request of Service: (Please check all that apply)**

☐ Routine Screening

☐ Dense Breasts

☐ Breast Mass / Area of Palpable Concern

☐ Axillary Mass

☐ Breast Pain

☐ Breast Cyst / Fibrocystic Breasts

☐ Breast Imaging Abnormality

☐ Family History of Breast Cancer

☐ Nipple Discharge - Bloody? ☐ Yes ☐ No

☐ Breast Infection - Suspect Abscess? ☐ Yes ☐ No

☐ Breast Cancer - Newly Diagnosed


☐ Breast Cancer - Personal History & Needs Follow-up

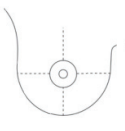
☐ Short Term Follow-up

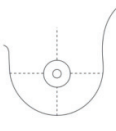
☐ Additional Evaluation at Current Screening


☐ Other: \_\_\_\_\_

**Please indicate any area of concern on picture:**

  
Right

  
Right

  
Left

  
Left