Corona Comprehensive Imaging Center
A RadNet Imaging Center

IMAGING REQUEST FORM

Inland Impire
Scheduling: (951) 587-8956 | **Fax:** (951) 587-8290

CONNECT PATIENT PORTAL
To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
Connect.RadNet.com/RVSPP

Patient's Name: _____ Date of Birth: _____ Patient's Phone: _____

Reason for Exam/ ICD10 Code: _____

Surgical/Navigational Protocol: _____

Referring Provider (Print): _____ Provider Signature: _____ Today's Date: _____

Phone: _____ Fax: _____ CC Report To: _____

☐ Call in STAT results to:_____ ☐ Release CD with Patient

Insurance Plan: _____ Member ID#: _____

IMAGING SERVICES

☐ **3D Screening Mammogram**
- ☐ **EBCD™ Recommended**
- ☐ Asymptomatic
- ☐ Personal History of Breast Cancer
- ☐ Breast Implants
- ☐ Other _____

☐ **3D Diagnostic Mammogram**
*please indicate area of c
- ☐ Left ☐ Right ☐ Bilateral
- ☐ History of Breast Cancer (within the last 5 years)
- ☐ Lump *
- ☐ Focal Point of Pain
- ☐ Nipple Discharge
- ☐ Call Back from Screening
- ☐ Six Month Follow-Up
- ☐ Other _____

If recommended proceed with:
- ☐ 3D Diagnostic Mammogram and/or Breast Ultrasound
- ☐ Breast MRI w/wo Contrast
- ☐ Breast Biopsy (Ultrasound, Stereotactic, MRI as indicated)

☐ **Procedures**
- ☐ Left ☐ Right ☐ Bilateral
- ☐ Cyst Aspiration
- ☐ Stereotactic Guided Core Needle Breast Biopsy
- ☐ Ultrasound Guided Core Needle Breast Biopsy
- ☐ MRI Guided Core Needle Breast Biopsy
- ☐ Ductogram (Galactogram)

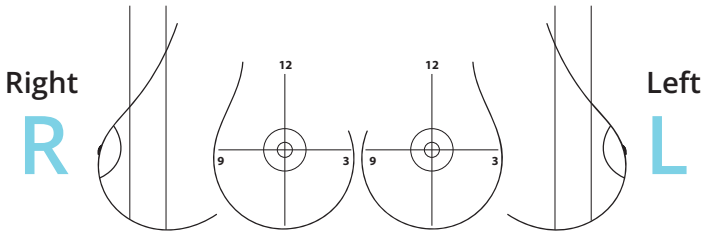
☐ **Ultrasound**
- ☐ Screening Breast Ultrasound

☐ **Diagnostic Breast Ultrasound**
*please indicate area of concern on diagram
- ☐ Left ☐ Right ☐ Bilateral
- ☐ Palpable Lump*
- ☐ Focal Point of Pain*
- ☐ Other _____

☐ **Breast MRI** (Only at Temecula Parkway & Temecula Valley Advanced Imaging)
- ☐ Without contrast *(For Silicone Implant Evaluation)*
- ☐ With and without contrast *(For High Risk Screening and Tumor Protocol)*

Exam Findings/Special Instructions:

Location of concern must be noted on referral
*please mark location for study



Locations & Services

Scheduling Phone: (951) 682-1099 / Scheduling Fax: (951)351-1025

		MRI	Open MRI	MRA	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Mammography	Ultrasound	Vascular Ultrasound	Fluoroscopy	Arthrogram	X-Ray	Ultrasound Guided Breast Biopsy
Corona Comprehensive Imaging Center 801 S. Main Street, Suite 101, Corona, CA 92882	Phone: (951) 682-1099	●		●	●		●	●	●	●		●			

BREAST IMAGING SCHEDULING GUIDELINES

Preparation for Digital Mammogram Examination:

- No perfume, deodorant or body powder the day of the exam
- Please bring any previous mammogram films and reports (if done at another facility).
- Please wear two piece clothing.
- Do not schedule one week before menstrual period.

Preparation for Breast Biopsy:

- No aspirin or "blood thinner" one week prior to biopsy.
- Please consult your physician prior to discountinuing medications.

NO PREP NEEDED FOR BREAST ULTRASOUND OR CYST ASPIRATION.