SCREENING MAMMOGRAPHY REQUEST FORM

San Bernardino Advanced
The Breast Care & Imaging Center Grove
Scheduling - P: (909) 450-0649 | **F:** (909) 982-2069

SCAN ME

CONNECT PATIENT PORTAL

RadNet provides its own online scheduling and PACS system named CONNECT.
Access to imaging studies ordered at these locations can only be accessed via the CONNECT portal.

CONNECT.RADNET.COM

To schedule your mammogram, ultrasound, or DEXA exam you may also visit us at: ***RadNet.com/IE***

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

☐ **Screening Digital Mammogram** (no current problems)

Prior breast imaging BIRADS 1 or 2 only.

- ☐ 2D Screening
- ☐ 3D Screening Tomosynthesis
  - ___ EBCD Recommended

If recommended proceed with:

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

☐ **Diagnostic Mammogram** (Ultrasound if indicated)

*(Please indicate area of concern if applicable)

- ☐ Left ☐ Right ☐ Bilateral
- ☐ History of Breast Cancer
- ☐ Lump
- ☐ Focal Pain
- ☐ Nipple Discharge
- ☐ Call Back from Screening (BIRADS 0)
- ☐ Six Month Follow-Up (BIRADS 3)
- ☐ Other _____

☐ **Screening Breast Ultrasound**

☐ **DEXA (Bone Density Scan)**
(Avoid Calcium Supplements 24hrs prior to exam)

Exam Findings/Special Instructions:

☐ **Diagnostic Breast Ultrasound**

*(Please indicate area of concern if applicable)

- ☐ Left ☐ Right ☐ Bilateral
- ☐ Palpable Lump
- ☐ Focal Point of Pain
- ☐ Other _____

☐ **Procedures**

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

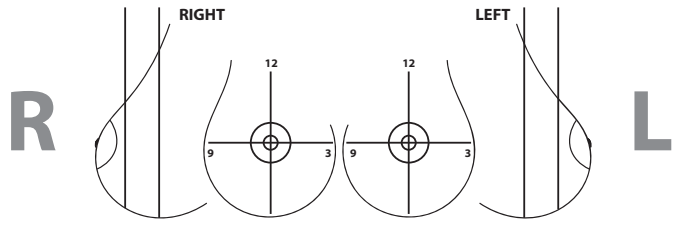
☐ **Breast MRI**

- ☐ With contrast
  (High risk screening and tumor protocol)
- ☐ Without contrast
  (For implant evaluation only)

Location of concern must be noted on referral

*please mark location for study

AREA OF INTEREST



SAN BERNARDINO ADVANCED | THE BREAST CARE & IMAGING CENTER GROVE

MODALITIES & LOCATION LIST

Scheduling Phone **(909) 450-0649** | *Scheduling Fax* **(909) 982-2069**

Scheduling Hours : Monday - Friday / 8am - 6pm

Locations	MRI	Open MRI	CT	PET/ CT	Screening Mammo	Diagnostic Mammo	Tomo	DEXA	General Ultrasound	Nuclear Medicine	Fluoroscopy	Arthogram	X-Ray
1 **San Bernardino Advanced Imaging - Highland** 800 E. Highland Ave. San Bernardino, CA 92404 **P:** (909) 450-0640	1.5		•		•	•	•	•	• ● ▲		•	•	•
2 **The Breast Care & Imaging Center of Grove Rancho Cucamonga** 8805 Haven Ave., Suite 220 Rancho Cucamonga, CA 91730 **P:** (909) 450-0688					•	• ■	•	•	• ● ▲				

● Ultrasound Guided Breast Biopsises ■ Stereotactic Breast Biopsy ▲ Breast Ultrasound

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.

Preparation for Breast Biopsy:

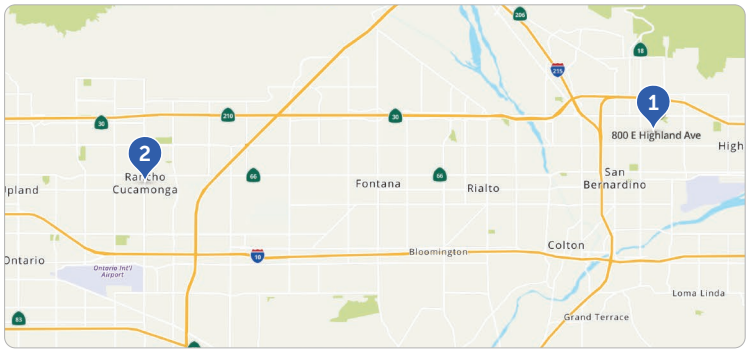
- No aspirin or "blood thinner" one week prior to biopsy.
- Please consult your physician prior to discountinuing medications.

NO PREP NEEDED FOR BREAST ULTRASOUND OR CYST ASPIRATION.

Preparation for DEXA Exam:

- Do not take any calcium supplements for 24 hours prior to your exam.
- Patients should not be scheduled within two weeks of any CT exam utilizing Barium, or any nuclear medicine exam.
- If possible, do not wear clothing with metal buttons or zippers.

Billing information: If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If you are a member of an HMO or managed care plan, please bring your referral form and any required co-payment with you at the time of your visit. You are responsible for any outstanding or unpaid balance. If you have any questions, please call our billing department at **(844) 866-2718.**



For your safety, children may not accompany patients into procedures. If it is necessary to bring children to the appointment, please bring appropriate adult supervision to watch your children during the scan.

Para su seguridad, los niños no pueden acompañar a los pacientes durante los procedimientos médicos. Si es necesario traer a niños a su cita, traiga a un adulto apropiado que supervise a los niños durante su examen.

Please inform us if you may be pregnant.
Por favor, infórmenos si usted podría estar embarazada.

If you have asthma, please bring your inhaler to the appointment.
Si usted tiene asma, por favor traiga su inhalador a su cita.

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