



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



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

Appointment Date: _____ Appointment Time: _____ Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____ Alternate Phone: _____

Referring Physician: _____ Physician Signature: _____ Phone: _____

Reason for Referral: _____ Fax: _____

Imaging Services

Screening Digital Mammogram (no current problems)

Prior breast imaging BIRADS 1 or 2 only.

- 2D Screening
- 3D Screening Tomosynthesis

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

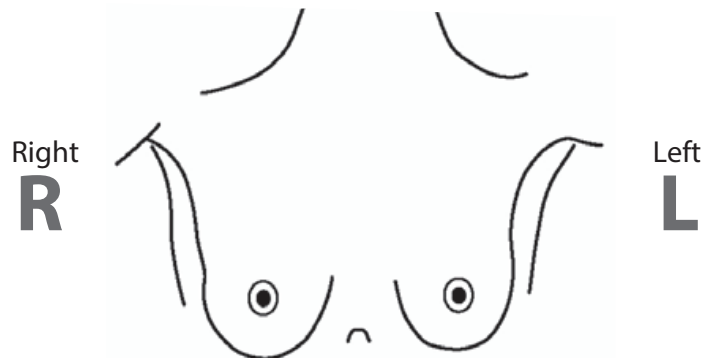
- Left Right Bilateral
- Cyst Aspiration
- Ultrasound Guided Core Needle Biopsy
- Stereotactic Core Needle Breast Biopsy
- MRI Guided Core Needle Biopsy
- Ductogram (Galactogram)

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



SAN BERNARDINO ADVANCED | THE BREAST CARE & IMAGING CENTER GROVE

MODALITIES & LOCATION LIST

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

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
San Bernardino Advanced Imaging - Highland	1.5		•		•	•	•	•	• • ▲		•	•	•
The Breast Care & Imaging Center of Grove- Rancho Cucamonga					•	• ■	•	•	• • ▲				

• Ultrasound Guided Breast Biopsies ■ Stereotactic Breast Biopsy ▲ Breast Ultrasound

San Bernardino Advanced Imaging- Highland

800 E. Highland Ave. San Bernardino, CA 92404 | P: (909) 450-0640

The Breast Care & Imaging Center of Grove- Rancho Cucamonga

8805 Haven Ave., Suite 220, Rancho Cucamonga, CA 91730 | P: (909) 450-0688

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 discontinuing 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.

Billing-Customer Service Help Desk:

Billing-CustomerServiceHelpDesk@RADNET.COM



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.**