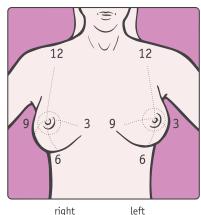


Breast Imaging Referral

Patient Scheduling: Phone 858 658 6500 Fax 866 558 4329

Call for Appointment Espanol 858 658 6400 TAX ID: 47-3394746 NPI: 149 714 8456

IHS Women's Health Part of Imaging Healthcare Specialists Today's Date: _____ (MM/DD/YYYY) Referring Physician: Patient Name: ___ _____ Fax: _____ Last Name First Name Insurance Authorization #: Date of Birth: _____ Height: ____ Weight: ____ Insurance Company: _____ Patient Best Contact #: _____ Diagnosis/Comments: Appointment Date: ______Time: _____ ☐ Please have radiologist call referring physician Screening Mammogram Tomosynthesis Ultrasound ☐ Routine Screening O Focal Breast Ultrasound (limited 76642) ☐ Screening with Breast Implants ☐ Lump or Mass ☐ Focal Pain or Tenderness Diagnostic Mammogram Tomosynthesis □ Right Area_____ □ Left Area_____ (with ultrasound preferred) O Ultrasound Guided Biopsy ☐ Right Area_____ ☐ Left Area_____ **Indications** O Lump or Mass **Osteoporosis Detection** ■ with limited ultrasound 76642 (Preferred Protocol) □ Right Area_____ □ Left Area_____ O QCT O DEXA Hip & Spine (77080) O DEXA Wrist (77081) O Thickening **Additional Procedures** ■ with limited ultrasound 76642 (Preferred Protocol) ☐ Right Area_____ ☐ Left Area_____ O Breast MRI, Bilateral O Focal Pain or Tenderness (non-cyclical) O Stereotactic Biopsy ■ with limited ultrasound 76642 (Preferred Protocol) □ Right Area_____ □ Left Area_____ □ Right Area_____ □ Left Area_____ O Cyst Aspiration Biopsy O Discharge □ Right Area_____ □ Left Area_____ □ with limited ultrasound 76642 (Preferred Protocol) O MRI Guided Biopsy ☐ Right Area ☐ Left Area □ Right Area_____ □ Left Area_____ O Personal History of Breast Cancer, Bilateral O Hook Wire Localization O Other: □ Right Area_____ □ Left Area_____ O Ductogram Please mark area of interest on the diagram: ☐ Right Area ☐ Left Area ☐ O High Risk Breast Assessment



Patient Reminder:

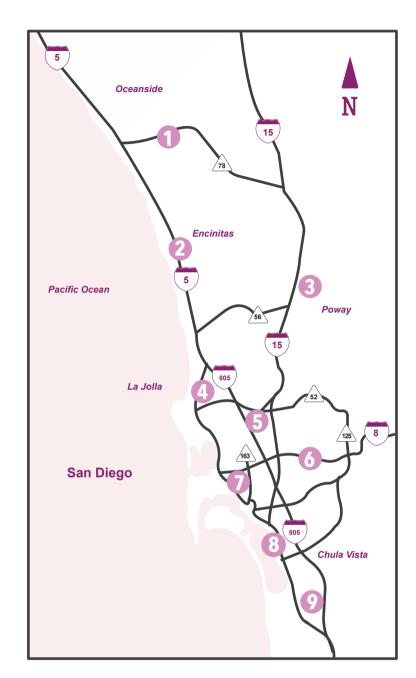
O Other:

The day of your exam please remember to wear a two piece outfit and avoid any powders, lotions, perfumes, and deodorants. Thank you.

| Additional Comments: . | |
|------------------------|--|
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Our Women's Imaging Locations

- Oceanside (Tri-City)
 3601 Vista Way, Bldg A, Ste 101
 Oceanside, CA 92056
- Encinitas 477 N. El Camino Real, Bldg A, Ste 102 Encinitas, CA 92024
- Poway 12620 Monte Vista Road, Ste A Poway, CA 92064
- La Jolla (Golden Triangle)
 4150 Regents Park Row, Ste 195
 La Jolla, CA 92037
- (5) Kearny Mesa (MRI Services Only) 3939 Ruffin Road, Ste 102 San Diego, CA 92123
- San Diego (Alvarado)6386 Alvarado Court, Ste 121San Diego, CA 92120
- Hillcrest 150 W. Washington Street San Diego, CA 92103
- 3 National City (MRI/Mammography/Ultrasound Only) 2427 Transportation Avenue National City, CA 91950
- Chula Vista (South Bay) 333 H Street, Ste 1095 Chula Vista, CA 91910



For a list of all of our locations, pleast visit: https://www.imaginghealthcare.com/locations/