Breast Imaging - Call Center

Phone: 804-237-6666 (Monday-Friday 8 AM - 5 PM)  Fax: 804-237-6616

Patient Name: __________________________  Ordering Provider: __________________________  NPI #: ____________
VCU Health MRN (VCU use only): __________________________  Ordering Provider Signature: __________________________
Patient Phone Number: __________________________  Ordering Provider Phone Number: __________________________

☐ VCU Health – Breast Imaging – Stony Point
9000 Stony Point Parkway – 2nd Floor
Richmond, Virginia 23235

☐ VCU Health – Breast Imaging – Downtown Campus
Nelson Clinic Building – 3rd Floor, Rm 300
401 North 11th Street, Richmond, Virginia 23298

☐ Screening Mammogram (Z12.31)
  No current breast concerns, no personal history of breast cancer, recent breast biopsy, or implants
  Other reasons for screening mammograms
    ☐ Family history of breast cancer (Z80.3)
    ☐ Personal history of other medical treatment (Z92.89)

IMPORTANT: Please select statement to proceed with additional imaging, as needed
  ☐ “I agree to diagnostic mammography, breast-axilla ultrasound, aspiration/biopsy, pathology, ductography and or breast
  MRI as deemed medically indicated by the radiologist.”

☐ Diagnostic Mammogram _______ Right _______ Left _______ Bilateral

Mark the indications for diagnostic study:
  ☐ Palpable lump(s) (N63)  Indicate location(s) below on diagram
  ☐ Palpable breast thickening / induration of breast (N64.51)  Indicate location(s) below on diagram
  ☐ Nipple discharge (N64.52)
  ☐ Retraction of nipple (N64.53)  Indicate right vs left below on diagram
  ☐ Breast pain (focal) (N64.4)  Indicate location(s) below on diagram
  ☐ Breast implants (Z98.82)
  ☐ Personal history of breast cancer (Z85.3)
  ☐ Follow-up of previous mammographic or sonographic abnormality (R92.8)
  ☐ Recent surgical or needle biopsy
  ☐ Previous surgery with results of benign breast disease (Z64.9)
  ☐ Pre-surgical imaging
  ☐ Re-radiation therapy
  ☐ Other signs & symptoms in breast (Z64.59)
  ☐ Other diagnosis: __________________________
  ☐ Known breast cancer: Pre-treatment imaging (enter ICD-10 code for specific breast cancer): __________________________

☐ Breast Ultrasound
☐ Breast MRI
☐ Procedure _______ Cyst aspiration _______ Core needle biopsy _______ Ductogram (galactogram)

Exam and Pertinent Information

Date of Last Breast Exam: __________________________
  Normal _______
  Abnormal __________________________

Right  Left

H-MR-1545 (04-17)  Medical Records Copy
Radiology