



Manhattan Offices:
CT/US/XRAY/DEXA/MAMMO
212 Canal Street, Suite 206
New York, NY 10013
MRI Suite
208 Canal Street

Brooklyn Offices:
CT/US/XRAY/DEXA/MRI
849 57th Street, Lower Level
Brooklyn, NY 11220
3D Breast Health Center
827 58th Street

Site Contact Info:
Manhattan: Tel: 212.349.5799 Fax: 212.349.6183
Brooklyn: Tel: 929.234.3150 Fax: 347.955.5976
Email: info@CommunityRadNY.com
Web: CommunityRadNY.com

BREAST IMAGING REFERRAL FORM 乳房健康中心

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

Patient's Name: _____

Patient's Phone: _____ DOB: _____

Referring Physician: _____ Phone: _____

Referring Signature: _____ Fax: _____

Site/Source of Previous Mammo*: _____ Breast Implants: Yes / No (circle one)

***PREVIOUS REPORTS AND IMAGES ARE REQUIRED FOR PROPER DIAGNOSTIC COMPARISON**

BREAST IMAGING SERVICES

SCREENING DIGITAL MAMMOGRAM (asymptomatic) **DIAGNOSTIC BREAST ULTRASOUND**

Prior breast imaging BIRADS 1 or 2 only.

3D Screening Tomosynthesis 2D Screening

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 O) Six Month

Follow-Up (BIRADS 3)

Other _____

KONING BREAST CT (Ultrasound if indicated)

0633T UNILAT WO Contrast LT RT

0634T UNILAT W/Contrast LT RT

0635T UNILAT WO/W Contrast LT RT

0636T BILAT WO Contrast

0637T BILAT W/Contrast

0638T BILAT WO/W Contrast

PLEASE PROVIDE INDICATION

History of Cancer _____

Lump Nipple Discharge Nipple Changes

Implant Rupture Implant Planning Abscess

Six Month Follow-Up (BIRADS 3)

Biopsy Proven Benign Mass Density

Focal Pain Swelling Thickening

Non-compliant to Compressional Mammography

Findings on Prior Mammogram

Other _____

*(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

Koning Breast CT

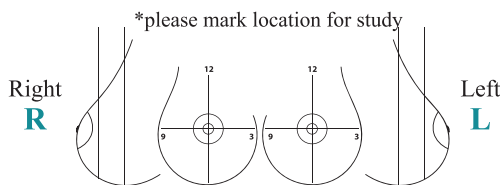
Other _____

BREAST MRI

With contrast
(High risk screening and tumor protocol)

Without contrast
(For implant evaluation only)

Location of concern must be noted on referral



NOTES:



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 discounting medications
- NO PREP NEEDED FOR BREAST ULTRASOUND OR CYST ASPIRATION

