



PROVIDENCE IMAGING CENTER

3340 Providence Drive • Anchorage AK 99508 • provimaging.com

Request for Special Breast Procedures

Fax (907) 212-5828

PIC Nurse
(907) 212-3607

MRI Scheduling (907) 212-3146

Other Scheduling
(907) 212-3151
or Toll Free (888) 458-3151

Biopsy Line (907) 212-5856

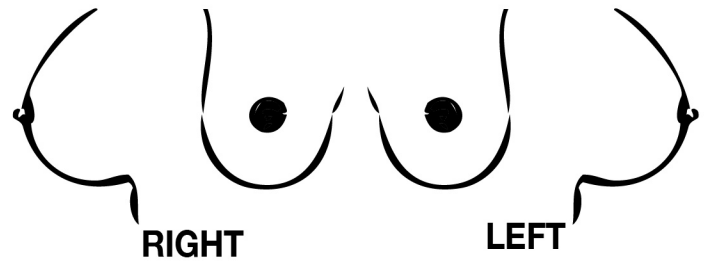
Today's Date _____ Exam Date _____

PATIENT LAST NAME	FIRST	M.	PATIENT PHONE	DATE OF BIRTH
ORDERING CLINICIAN	CLINICIAN SIGNATURE		SEND ADDITIONAL COPIES OR REPORT TO	

Clinical terms / history / symptoms – include specificity requirements, i.e. laterality, location underlying disease, etc. that support ICD-10 codes (REQUIRED):

ICD-10 codes that support clinical terms / history / symptoms (REQUIRED):

INDICATE LOCATION OF ABNORMALITY



OTHER BREAST IMAGING

DIGITAL MAMMOGRAPHY

- Screening
- Diagnostic mammogram R L Bilat
- Ductogram R L EMLA Yes No
- Have you observed discharge? Yes No
- If yes, is the discharge: bloody clear
- How many ducts involved (circle one): 1 2 3 4 5
- Was a smear sent to a lab? Yes No
- Send results _____
- Discharge: spontaneous expressed only

ULTRASOUND

- Breast ultrasound Only if needed R L
- Bilateral screening ultrasound

BREAST IMAGING GUIDED PROCEDURES

- Ultrasound aspiration R L
- Ultrasound biopsy R L
- Mammographic stereo/tomo biopsy R L
- Axillary lymph node biopsy R L
- Axillary lymph node tattoo R L

TUMOR LOCALIZATION

- Clip bracketing R L
- Wire R L
- SAVI SCOUT® R L
- Ductogram R L
- Mammographic R L
- Ultrasound R L

NOTES: _____

SURGERY DATE & TIME: _____

- EMLA Yes No
- Number of wires needed: _____
- Methylene blue requested? Yes No
- Specimen Radiograph? Yes No
- Sentinel Node Mapping (with Technetium) Yes No
- Location of injection: Periareolar Peritumoral
- Palpable area present? Yes No
- Axilla marked? Yes No

BREAST MRI WITH CONTRAST or WITHOUT CONTRAST

Please forward any outside mammogram films / reports.*

- Surgical planning for patient with known breast cancer
Date of surgery _____
- Response to neoadjuvant chemotherapy
- High risk screening (≥20% lifetime risk of breast cancer.)
Please include documentation of risk assessment.
- Diagnostic / problem solving (i.e. pathologic nipple discharge)
- Implant integrity or suspected implant rupture (non-contrast)

PRIOR BREAST SURGERY

DATE	TYPE	HISTOLOGY

RECENT BREAST IMAGING STUDIES*

	DATE	LOCATION
MAMMOGRAM		
ULTRASOUND		
MRI BREAST		

* Please make arrangements to have copies of prior imaging and reports, including pathology reports, forwarded to PIC 24 hours PRIOR to the exam. Reports can be faxed to (907) 212-5828.