


Patient Name MRN DOB (Patient Identification)	 VCU Medical Center Richmond, Virginia Department of Radiology Breast Imaging Request
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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: _____

- | | |
|--|---|
| <input type="checkbox"/> VCU Health – Breast Imaging – Stony Point
9000 Stony Point Parkway – 2 nd Floor
Richmond, Virginia 23235 | <input type="checkbox"/> VCU Health – Breast Imaging – Downtown Campus
Nelson Clinic Building – 3 rd Floor, Rm 300
401 North 11 th Street, Richmond, Virginia 23298 |
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Screening Mammogram (Z12.31)

- No current breast concerns
- Personal history of surgery for breast cancer > 1 year ago
- Family history of breast cancer (**Z80.3**) (specify): _____

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**) _____ Right _____ Left
- Retraction of nipple (**N64.53**) _____ Right _____ Left
- Breast pain (focal) (**N64.4**) Indicate location(s) below on diagram
- Personal history of breast cancer (**Z85.3**) Date of diagnosis: _____
- Follow-up of previous mammographic or sonographic abnormality (**R92.8**)
OR known breast cancer: (enter ICD-10 code for specific breast cancer): _____
- Pre-surgical or post-neoadjuvant treatment
- Other signs & symptoms in breast (**Z64.59**) (please specify): _____

Diagnostic Breast Ultrasound _____ Right _____ Left _____ Bilateral

Breast MRI Indication: _____

Procedure _____ Cyst aspiration _____ Core needle biopsy _____ Ductogram (galactogram)
 _____ Right _____ Left _____ Bilateral

Exam and Pertinent Information

Date of Last Breast Exam: _____

Normal

Abnormal _____

