


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, 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 _____

