

# EMORY

BREAST IMAGING CENTER

Breast Imaging

Phone # 404-778-7465

Fax # 404-778-3095

**Medical Record Number:** \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex:  Female  Male Pregnant?  Yes  No  
 Insurance Plan: \_\_\_\_\_  
 FSC #: \_\_\_\_\_ Insur Member #: \_\_\_\_\_  
 Referral #: / Precert #: \_\_\_\_\_  
 \***Required** if exam to be done within 4 days of order

**Required information to schedule**  
 Ordering MD Name (Print): \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 UPIN #: \_\_\_\_\_ (non TEC physicians)  
 Patient (Home): \_\_\_\_\_  
 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

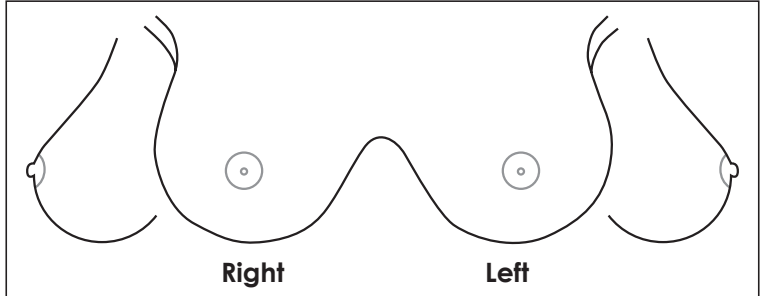
**SCREENING MAMMOGRAM** (patient is having no problems; routine exam)  
 Bilateral  Left  Right ICD-10 Code(s): \_\_\_\_\_

**OR**

**DIAGNOSTIC BREAST IMAGING (patient has current problem) -- Order MUST specify signs/symptoms of concern and exact location or patient WILL NOT BE SCHEDULED**  
 Left  Right  Bilateral ICD-10 Code(s): \_\_\_\_\_

**Specify Clinical Concern/Findings:** \_\_\_\_\_

- Palpable mass or lump
- Skin or nipple findings.
- Nipple discharge.
- Focal pain or breast tenderness, unrelated to menses.
- Follow-up of prior finding/biopsy/lumpectomy.
- Abnormal mammographic finding/recall.
- Metastasis (unknown primary).



**COMPREHENSIVE REFERRAL REQUEST:** Checking this box authorizes Breast Imaging Physicians to schedule additional breast related studies without separate order, to streamline patient care. You may opt out of this by choosing an individual study or combination of studies below.

**OR**

**SINGLE STUDY REFERRAL: Individual order for each study is required to proceed**

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Diagnostic Mammogram   | specify site: _____                        | <input type="checkbox"/> Wire Localization                     | specify site: _____                   |
| <input type="checkbox"/> Breast Ultrasound      | specify site: _____                        | <input type="checkbox"/> Clip Placement only                   | specify site: _____                   |
| <input type="checkbox"/> Breast MRI             | <b>Indication:</b> _____                   | <input type="checkbox"/> Ductogram                             | specify site: _____                   |
| <input type="checkbox"/> Fine Needle Aspiration | specify site: _____                        | <input type="checkbox"/> Read Outside films for second opinion |                                       |
| <input type="checkbox"/> Cyst Aspiration        | specify site: _____                        |  |                                       |
| <input type="checkbox"/> Core Biopsy:           | <input type="checkbox"/> Ultrasound guided | <input type="checkbox"/> Stereotactic guided                   | <input type="checkbox"/> MRI - guided |
|   |  |  | specify site: _____                   |

**RESEARCH / CLINICAL TRIAL (only research-driven studies here):**  
 Protocol name/Acronym: \_\_\_\_\_ Smart Key: \_\_\_\_\_  
 Specify exam to be performed: \_\_\_\_\_ Date range requested: \_\_\_\_\_  
 Reason for exam related to Trial: \_\_\_\_\_ Coordinator to pick up pathology:  Yes  No  
 Coordinator contact: \_\_\_\_\_ Contact phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ (MD, DO, NP, PA) **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
 Scheduled Date: \_\_\_\_\_ Scheduled Time: \_\_\_\_\_ AM / PM Location (Circle) **EUH EUHM ESJH EJCH**

**For appointment information and questions, please call 404-778-PINK (7465)  
For directions to our locations, please call: 404-778-7777**

**Our Locations:**

Emory Johns Creek Hospital  
Breast Imaging Center  
6335 Hospital Parkway  
Medial Office Building Room 106  
Johns Creek, GA 30076

Emory Saint Joseph's Hospital  
Breast Imaging Center  
5673 Peachtree Dunwoody Road, Suite 100  
Sandy Springs, GA 30342

Emory University Hospital / Winship Cancer Institute  
Breast Imaging Center  
1701 Uppergate Drive  
Suite C-1104  
Atlanta, GA 30322

Emory University Hospital Midtown  
Breast Imaging Center  
550 Peachtree St, NE  
Ground Floor, Radiology  
Atlanta, GA 30308

**Pre-Registration: Patients need to pre-register for diagnostic mammograms and procedures. Please call admission's "Fast-Track" number before your appointment date.**

Emory John's Creek Hospital (EJCH): 855-689-9141 or 404-686-2051  
Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Emory Saint Joseph's Hospital (ESJH): 404-686-0530.  
Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Emory University Hospital (EUH): 404-686-5270 or 1-800-640-9293  
Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Emory University Hospital Midtown (EUHM): 404-251-3800  
Hours of Operation: Monday - Friday, 7 A.M. to 7 P.M. Closed weekends and holidays.

Visit us online at [www.emoryhealthcare.org/breastimaging](http://www.emoryhealthcare.org/breastimaging)