



# Breast MRI Scheduling Form

**PHYSICIAN'S INFORMATION** –To be completed by doctor's office and signed by ordering physician, or attach Dr.'s signed prescription.

**STUDY TYPE (Please check one):**

Today's Date: \_\_\_\_\_

- Breast MR
- Breast Implant Study
- Breast Biopsy

Computer Aided Detection (CAD) is a necessary diagnostic tool added to all breast studies.

PRINT Dr.'s name: \_\_\_\_\_ **▶ DR.'S SIGNATURE:** \_\_\_\_\_

DR.'s office contact person: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

CC report to: \_\_\_\_\_

**REASON FOR EXAM** CPT: \_\_\_\_\_ ICD-10: \_\_\_\_\_, CPT: \_\_\_\_\_ ICD-10: \_\_\_\_\_

- \_\_\_ Screening, no problems or symptoms
- \_\_\_ Known recent/current breast cancer (  right  left)
- \_\_\_ Breast lump or thickening (  right  left)
- \_\_\_ Nipple discharge or abnormality (  right  left)
- \_\_\_ Enlarged lymph glands under arm (  right  left)
- \_\_\_ Breast pain (  right  left)
- \_\_\_ Follow-up to previous MRI
- \_\_\_ Implant problem (  right  left)
- \_\_\_ Neoadjuvant therapy follow-up
- \_\_\_ Other: \_\_\_\_\_

**PATIENT HISTORY**

Is patient currently pregnant or breast-feeding?  Yes  No

Is patient still menstruating?  Yes  No | If yes, first day of last period \_\_\_/\_\_\_/\_\_\_ Normal cycle (days from one period to next): \_\_\_\_\_

Does patient take hormones? (birth control or hormone replacement)  Yes  No | Type: \_\_\_\_\_ When did they stop? \_\_\_/\_\_\_/\_\_\_

Does the patient have a breast expander in place?  Yes  No (  right  left)

Family history of breast cancer?  Yes  No | If Yes:  Mother  Aunt  Sister  Grandmother  Daughter

History of breast cancer gene carrier?  Yes  No  Never Tested

History of radiation treatment?  Yes  No | If yes, what age: \_\_\_\_\_ For what: \_\_\_\_\_

Previous mammogram:  Yes  No Date \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_

**Has the patient had any of the following?**

	Left	Right	DATE & RESULTS
Cyst aspiration	<input type="checkbox"/>	<input type="checkbox"/>	_____
Needle Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgical Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lumpectomy for Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Radiation Therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Implants	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breast Reduction Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mastectomy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date _____

**IF HAVING CONTRAST – DOES PATIENT HAVE:**

- Kidney problems/ Renal disease  Yes  No
- Hepatic disease/past or pending liver transplant  Yes  No
- Rx for Hypertension  Yes  No
- Rx for Diabetes  Yes  No | Age>60  Yes  No
- If Yes to any, provide current lab results:  
 BUN \_\_\_\_\_ Cr \_\_\_\_\_ GFR \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 OK to Provide i-Stat lab test at OAI if needed  Yes  No

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Work/Cell#: \_\_\_\_\_ City: \_\_\_\_\_

**INSURANCE INFORMATION**

**Primary Insurance:** \_\_\_\_\_ Subscriber:  Self  Other: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ **Authorization necessary?**  Yes  No

**Authorization #'s:** \_\_\_\_\_  
Auth. Valid from \_\_\_\_\_ to \_\_\_\_\_ { Due to pre-auth requirements by most insurance companies please provide CPT and ICD-10 #'s above

**Other Insurance:** \_\_\_\_\_ Subscriber:  Self  Other: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ **Authorization necessary?**  Yes  No

**APPOINTMENT INFORMATION** – To be completed by ordering physician staff.

Follow-up Appointment with Doctor: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_ TIME:  AM  PM (Initials: \_\_\_\_\_ Date: \_\_\_\_\_)

# Breast MRI CPT Codes

This list has been created as a reference guide ONLY. The codes below are only the most common Breast MRI CPT codes used. Should you have any questions or need assistance, please call our scheduling department at 541-608-0350. This form can also be downloaded via our website at [www.oaimaging.com](http://www.oaimaging.com) under "Provider Tools."

<b>MRI BREAST</b>		
<b>BREAST</b>	Bilateral MRI	77059
<b>BREAST – IMPLANT only</b>	Bilateral MRI	77059
<b>BREAST BIOPSY</b>	BX, percutaneous needle core	19085
	Supplies	99070
	Sedation	99144, 99145

## Patient Breast MRI Information:

For non-urgent exams, OAI recommends scheduling your breast MRI within 7-10 days after the first day or your last menstrual period. We also recommend all hormone therapy be discontinued for three months prior to non-urgent exams. Please discuss this option with your physician prior to setting your appointment date.

A member of OAI's staff will contact you prior to your appointment date for pre-registration and confirmation. During pre-registration, it is important to provide information about all of your prior imaging studies, mammograms, and any biopsies you may have had. This information is used for comparison and is provided to OAI's technologists and radiologists prior to your MRI appointment.

It is advised that you contact your insurance company regarding benefits and coverage prior to your appointment date. Please bring your insurance information and identification to your appointment.

## Preparation for Breast MRI:

No preparation is required on the day of your exam. Eat normally and take any medication as usual.

If you require a mild oral sedative to be comfortable in the MRI scanner, please make arrangements with your physician and plan to have someone drive you to and from your appointment.

Should you have any questions our scheduling staff is available by calling 541-608-0350.

## Patient Breast Biopsy Information:

OAI Scheduling staff will contact you with breast biopsy preparation information. You can also find additional information on the OAI website at [www.oaimaging.com/mri-breast-biopsy-medford-oregon/](http://www.oaimaging.com/mri-breast-biopsy-medford-oregon/).

## NOTE TO OFFICE STAFF:

For more information, please direct your patient to the OAI website at [www.oaimaging.com](http://www.oaimaging.com)