WAKE RADIOLOGY
UNC REX HEALTHCARE

BREAST MRI ORDER FORM

Main Phone 919-232-4700 | Fax 919-235-3940
Chapel Hill 919-942-3196 | Fax 919-933-9925
☐ Infina Connect (ICC)

REQUIRED INFO **PLEASE PRINT** TAX ID# 56-1427775 NPI# 1538123450

☐ Referring Office to Schedule ☐ Wake Rad to Schedule

Patient First Name _____ Last Name _____ Date _____

DOB _____ ☐ Male ☐ Female Parent/Guardian Name _____

Primary Insurance _____ Auth# _____

Secondary Insurance _____ Auth# _____

Exam(s) Ordered *(or check below)* _____ ☐ **STAT/CALL REPORT**

History, Symptoms, Diagnosis or ICD Code _____ ☐ **STAT/FAX REPORT**

_____

Scheduler Name _____

Practice Name _____ Practice Phone _____

Provider Name _____ Provider Signature _____

CC to Practice _____ CC Provider Name _____

Patient / Parent / Guardian Phone

Home _____ Work _____

Cell _____

Appointment Date	Time	Exam Location

Any previous related imaging? ☐ Yes ☐ No
If Yes, ☐ WakeRad ☐ Rex ☐ Other _____
If other facility, will patient bring? ☐ Yes ☐ No

PLEASE NOTE:
The scheduling of a screening Breast MRI is highly dependent upon accurate hormonal information, and reimbursement from insurers is highly dependent upon accurate clinical indication provision. *We will contact your patient to answer the detailed questions required to optimize the scheduling, accuracy, safety and coverage of the examination.*

Please FAX the patient's path report and office notes with this order.

IMPLANTS

☐ Breast MRI w/3D recon/CAD
Is this exam for implant integrity/rupture only? ☐ Yes If yes, no more questions.
☐ No If no, please go to **Staging or Screening** sections below.

STAGING

☐ Breast MRI w/3D recon/CAD
Has patient had a malignant biopsy in the last 3 months? ☐ Yes If yes, please fax with this order the items below and no more questions.

❶ Biopsy date _____ Side ☐ L ☐ R Tissue marker placed? ☐ Yes ☐ No
❷ Path report
❸ Mammogram report and films ☐ Wake Radiology? ☐ Patient will bring? ☐ Other facility? _____

SCREENING

☐ Yes, I want to order a screening Breast MRI w/3D recon/CAD

We will acquire the following information from your patient directly.

Date of LMP _____ If no, post-menopausal? ☐ Yes ☐ No
Currently on hormone replacement therapy/birth control? ☐ Yes ☐ No If yes, type of hormones _____
Patient's relative has history of breast cancer? ☐ Mother ☐ Aunt ☐ Sister ☐ Daughter
Personal history of breast cancer? ☐ Yes ☐ No Prior diagnosis of ADH or LCIS/lobular neoplasia? ☐ Yes ☐ No
If yes: Neo-adjuvant chemotherapy? ☐ Yes ☐ No Date treatment was completed _____
Chemotherapy? ☐ Yes ☐ No Date treatment was completed _____
External Radiation Therapy (XRT)? ☐ Yes ☐ No Date treatment was completed _____
Has patient been tested for BRCA gene? ☐ Yes ☐ No ☐ Don't know If yes, ☐ Positive ☐ Negative
Prior Breast MRI ☐ Yes ☐ No If yes, where _____
Date of last mammogram _____ ☐ Wake Radiology? ☐ Patient will bring? ☐ Other facility? _____
Breast biopsy or surgery? ☐ Yes ☐ No
Type of surgery ☐ Needle biopsy Location ☐ L ☐ R ☐ Both When _____ Facility _____
☐ Surgical biopsy (lumpectomy) Location ☐ L ☐ R ☐ Both When _____ Facility _____

BREAST MRI LOCATIONS

Raleigh MRI
3811 Merton Drive
Raleigh, NC 27609

Cary
300 Ashville Avenue
Suite 180
Cary, NC 27518

Garner
300 Health Park Drive
Suite 100
Garner, NC 27529

Chapel Hill
110 S. Estes Drive
Chapel Hill, NC 27514

Wakefield
11200 Governor Manly Way
Raleigh, NC 27614

If you don't receive a schedule reply confirming your patient within 72 hours, please call 919-782-7666.