

# REFERRAL FOR BREAST IMAGING SERVICES – UWMC

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Insurance Carrier** \_\_\_\_\_ **Ins ID** \_\_\_\_\_ **RQI/Auth #** \_\_\_\_\_  
**Referring Physician** \_\_\_\_\_ **Clinic # (backline)** \_\_\_\_\_  
Please print  
**Referring Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Provider signature required  
**Provider NPI #:** \_\_\_\_\_ **Clinic Location:** \_\_\_\_\_  
If first time referral

**Screening Mammogram\*** (No focal symptoms or clinical findings)

\*If the findings on the screening mammogram are positive (BIRADS 0), this order includes additional diagnostic breast imaging and/or biopsy as needed to complete the work up. If you want to opt out of automatically proceeding with further diagnostic workup and/or biopsy, cross out this statement.

**Diagnostic Mammogram & Breast Ultrasound†**

Bilateral     Unilateral -  Right     Left

**Diagnostic Mammogram Only†**

(first post-lumpectomy mammo or BI-RADS category 3 follow up)

Bilateral     Unilateral -  Right     Left

**Breast Ultrasound Only†** (women < 40; not high risk)

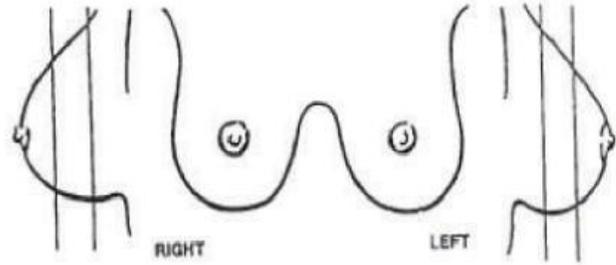
Bilateral     Unilateral -  Right     Left

†If the findings on the diagnostic mammogram and/or ultrasound are positive (BIRADS 0, 3, 4, 5), this order includes additional diagnostic breast imaging and/or biopsy as needed to complete the work up. If you want to opt out of automatically proceeding with further diagnostic workup and/or biopsy, cross out this statement.

**REQUIRED- Reason for exam**

- Palpable mass
- Persistent focal pain
- Axillary Lymphadenopathy
- Nipple Discharge
  - Bloody                       Clear
  - Spontaneous                   Non-spontaneous
  - Uniductal                       Multiple ducts
- Skin dimpling / nipple retraction
- Other: \_\_\_\_\_

**REQUIRED-Please mark location of area of concern**



**Location & Description of finding(s)**

*(i.e., left breast 3 o'clock, 2 cm from nipple firm 2 cm mobile mass)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other pertinent details:**

\_\_\_\_\_

\_\_\_\_\_

**ICD10 Code:** \_\_\_\_\_

**Special Procedures**

- Cyst Aspiration
- Needle biopsy (stereotactic, ultrasound, MRI)
- Localization Procedure (wire or other)

- Right                       Left
- Right                       Left
- Right                       Left

**Breast MRI with contrast** \*PLEASE CALL 206.598.6214 TO SCHEDULE THIS EXAM and FAX MRI ORDERs TO 206-597-4004\*

- High Risk Screening:  Family history     Genetic mutation     Personal history breast cancer     Other \_\_\_\_\_
- Recent Breast Cancer Diagnosis (evaluate extent of disease):
  - Right     Left                   DCIS     IDC     ILC     Other \_\_\_\_\_
  - Neoadjuvant Chemotherapy
- Silicone Implants - Evaluate for Rupture
- Suspicious nipple discharge (bloody, spontaneous, uniductal)
- Other: \_\_\_\_\_

**ICD10 Code:** \_\_\_\_\_

PLACE PATIENT LABEL HERE

**UW Medicine**  
 Harborview Medical Center – University of Washington Medical Center  
 UW Medicine Primary Care – Valley Medical Center – UW Physicians

**BREAST IMAGING REFERRAL**

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# PATIENT INSTRUCTIONS

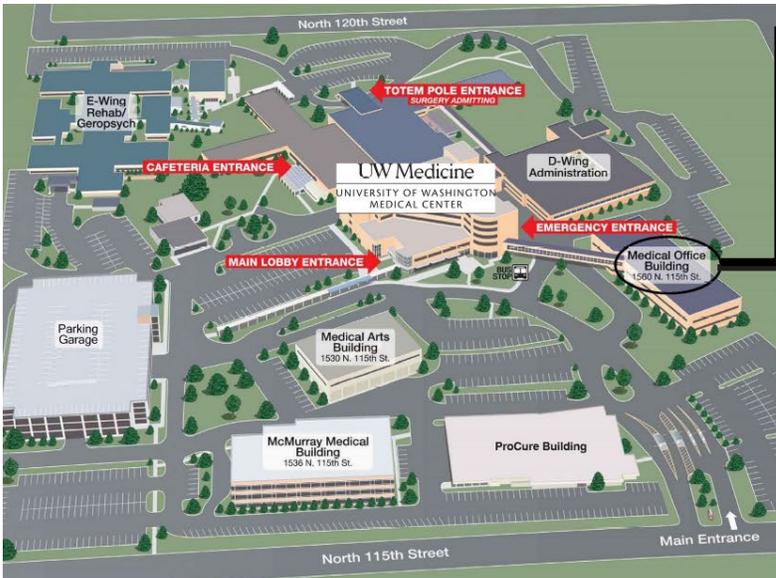
## PRIOR MAMMOGRAMS

If you have had a mammogram before, and the most recent mammogram was done at another facility, please **have the images and reports forwarded to us before your appointment** and allow at least one to two weeks for mail service. Please contact the other facility to have your images and reports send to UWMC-NW. We compare your previous images to the current exam. If your films are not here at the time of your mammogram, your final report may be delayed until the comparison imaging is made.

***Thank you for taking an active part in your breast health.***

We advise most women being regular screening mammography by age 40-45 and continue to have a mammogram each year while in good health. Some women at higher risk may start screening earlier than age 40 and/or may also undergo breast MRI. You can discuss your breast cancer risk and values with your health care provider and together you can make the choice that is best for you.

## DIRECTIONS TO UWMC-NORTHWEST CAMPUS

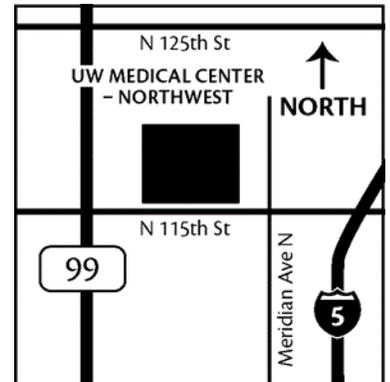


**UW Medicine**  
UNIVERSITY OF WASHINGTON  
MEDICAL CENTER

**Northwest Campus**  
MEDICAL OFFICE BUILDING  
1560 N. 115<sup>TH</sup> ST, SUITE 104  
SEATTLE, WA 98113

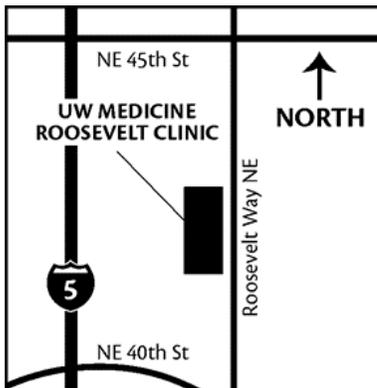
**Phone 206-668-1749**  
**Fax 206-668-1790**

1. From I-5, take exit 173.
2. Turn west on Northgate Way.
3. At Meridian Ave. North, turn right (north)
4. Take the first left onto 115<sup>th</sup> Street.
5. Convenient patient and visitor parking is available on campus for a fee. Please refer to the posted signage for rates.



## DIRECTIONS TO UW MEDICINE ROOSEVELT CLINIC

4245 Roosevelt Way NE, 4<sup>th</sup> Floor, Seattle, WA 98105



**FROM INTERSTATE 5:**  
Exit at Northeast 45th Street and head east.

If traveling I-5 northbound, turn right at the exit ramp onto 45th.

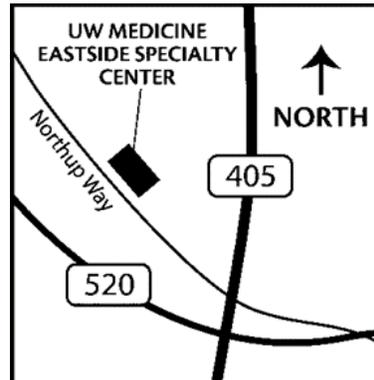
If traveling on I-5 southbound, turn left onto 45th.

From the freeway, travel four blocks and turn right onto Roosevelt Way, a one-way street. Continue two blocks. The building is on the right.

Check-in with Women's Clinic on the 4th floor

## DIRECTIONS TO UW MEDICINE EASTSIDE SPECIALTY CENTER

3100 Northup Way, Bellevue, WA 98004



**FROM INTERSTATE 405:**  
Take the Highway 520 exit toward Seattle (exit 14). Take the 108th Avenue NE exit. Take the first right onto Northup Way. The clinic is located on your left.

**FROM SEATTLE:**  
Take WA-520 east and take the Lake Washington Blvd NE exit. Turn left onto Lake Washington Blvd NE. Take a slight right onto Northup Way. The clinic is located on your left.

*Parking is free*  
Check-in with Reception on 1<sup>st</sup> floor