



Revision 012510- GAB



WASHINGTON IMAGING SERVICES, LLC

BREAST MRI ORDER SHEET

Overlake Medical Tower 1135 116th Ave. NE, Suite 260, Bellevue, WA 98004
Phone: (425) 688-0100 Fax: (425) 454-8911

Please bring this form with you to your appointment

Patient Information:

Name _____ DOB _____

Work or Cell Phone _____ Evening or Home Phone _____ Height _____ Weight _____

Insurance _____ Subscriber : _____ ID# _____ Group # _____

Referring Clinician: _____ Reason for Study _____

Appt. Date _____ Appt. Time _____

Note: Please insure that when getting authorization for the Breast MRI, the provider is listed as Washington Imaging Services.

Exam & Indication Please Check

- MRI Breast w/contrast & MRI Chest w/o contrast**
 - Recent diagnosis of breast cancer - staging
 - Malignant lymph node with no known primary tumor and negative mammogram
 - Pre- or Post-Neoadjuvant chemotherapy
 - Post-operative evaluation: (+) margins - assess for residual tumor
 - History of breast cancer - assess for recurrence
- MRI Breast w/contrast**
 - Inconclusive mammogram and/or ultrasound (suspicious findings)
 - Annual Breast MRI screening per ACS guidelines (after mammogram):
 - Breast Cancer gene (BRCA 1or 2) mutation carriers - serum positive.
 - First-degree relative of BRCA gene mutation carrier, but untested
 - Lifetime risk of 20-25% or greater, as defined by BRCAPRO statistical model
 - Radiation to chest between age 10 and 30 years
- MRI Guided Breast Biopsy** Right Left
- MRI Guided wire localization** Right Left
- MRI Breast w/contrast with Implant Evaluation**
 - Implants and suspected cancer (2) separate appointments
- MRI Breast w/out contrast with Implant Evaluation**
 - Implants - suspect rupture, no suspicion of cancer

Important Clinical Information

Please fax to 425.454-8911

- Fax clinical notes on patient history and breast physical examination (ex. Mammo reports, Breast US reports.)**
- Fax clinical breast biopsy pathology results**
 - Breast surgery history:
 - Breast Cancer gene (BRCA 1or 2) mutation carriers - serum positive.
 - Date of surgery _____
 - Surgeon: _____
 - Fax pathology reports _____
 - Breast biopsy history:
 - Stereotactic Ultrasound Dates: _____
- History of radiation therapy?** Yes No
 - When completed? _____
- Date of last menstrual cycle:** _____
(Exams scheduled between day 7 and 13 of cycle)
 - On BCP? Yes No
 - Lactating? Yes No
- Previous mammograms/ultrasound exams:**
 - When? _____ Performed where? _____
 - When? _____ Performed where? _____
 - Have mammogram/ultrasound CD's and reports been requested? Yes No
 - Being sent to us? Yes No

Other Notes & Requests:

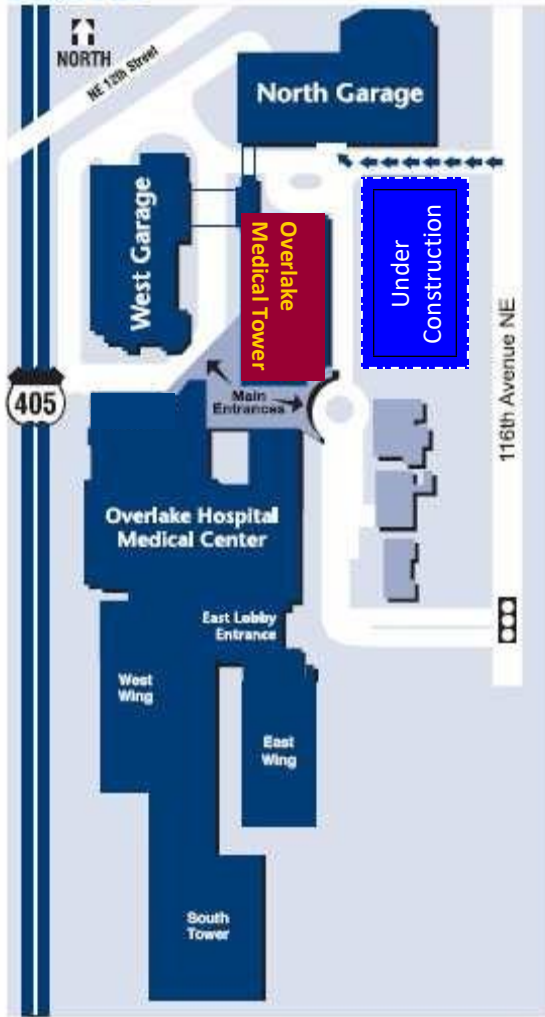
REFERRING PRACTITIONER SIGNATURE (Required for Exam)

Name _____

Signature _____

DISCLAIMER: This message is confidential, intended only for the named recipient (s) and may contain information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient (s), you are notified that the dissemination, distribution or copying of this information is strictly prohibited. If you received this message in error, please delete it.

Bellevue



OVERLAKE MEDICAL TOWER

1135 116th Ave, N.E., Ste. 260
Bellevue, WA 98004 **425-688-0100**

How to find us in Bellevue:

Southbound

Exit I-405 at N.E. 8th St., eastbound. Merge to the left lane and turn left (north) at 116th Ave. N.E. Go past the next light and turn left at signage toward hospital parking. Turn right into the North Garage. Take the elevator to the street level and walk across the street to the Overlake Medical Tower. Washington Imaging Services is straight ahead down the hall.

Northbound

Exit I-405 at N.E. 4th St. Turn right on N.E. 4th St. and turn left on 116th Ave. N.E. Go past two lights and turn left at signage toward hospital parking. Turn right into the North Garage. Take the elevator to the street level and walk across the street to the Overlake Medical Tower. Washington Imaging Services is straight ahead down the hall.

When will I know my results?

A board certified radiologist will interpret the images and usually prepare a written report for your referring clinician the same day as your exam. The imaging study done at WIS (Washington Imaging Services) may be only one tool in your clinician's work up - they may need additional time to correlate all of the associated reports and data from any previous breast imaging you have had done before they are ready to talk to you. WIS and your referring clinician politely request that you wait for your clinician's office to contact you about the scan results.

How do I prepare for my breast MRI?

On the day of your exam do not use lotion or deodorant on your breasts or chest area and wear no perfume. Also, limit your fluid intake (coffee and tea primarily) due to their diuretic effect. Otherwise, you can eat as you normally would, engage in regular activities, and take any prescription medication.

Please plan to arrive 30 minutes before your scheduled appointment time. Wear a comfortable, two piece outfit with an elastic waist (with no metal or glitter, grommets, rivets, or sequins) so that you only have to disrobe from the waist up.

A smock top will be provided for your comfort as belts, zippers, snaps and thread in clothing may contain metal that disturbs MRI signals. You will have to remove all metallic objects such as jewelry (rings are OK), glasses, hairpins, and dentures prior to entering the MRI room.

We will ask you several questions before you enter the MRI exam room. A personal locked storage locker will be provided for your belongings but it is recommended to leave all valuables at home. Please notify the technologist if you have metal implants, a cardiac pacemaker, permanent dental bridges, braces, or other metal objects.

You have an appointment scheduled for:

Exam 1 Date and Time:

Exam 2 Date and Time:

Please arrive 30 minutes prior to your exam in order to check in.



VALLEY
RADIOLOGISTS

Diagnostic Imaging Services

Professional breast MRI radiology interpretations are provided by Valley Radiologists, Inc. P.S., a separate entity.