BREAST MRI REQUEST FORM

Telephone # 401-444-4881 Fax # 401-444-5732

Patient Name: ______________________________ **DOB:** ____________________

Phone – Home: ______________________________ **Cell/Work:** __________________

Referring Physician: __________________________ **Phone:** __________________

Backline: ___________________ **ICD9 Code:** _____________

Primary Insurance: ___________________________ **Policy No:** __________________

Exam ordered: ❑ Diagnostic MRI Breast ❑ MRI Breast Implant Integrity ❑ MRI Breast Biopsy

Clinical History: ____

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History of Breast Ca: ❑ Yes ❑ No **if yes, date diagnosed:** ______________

Surgery: ❑ Yes ❑ No **Type:** ___________________________

Chemo: ❑ Yes ❑ No **XRT:** ❑ Yes ❑ No

Prior Biopsy: ❑ Yes ❑ No **Surgery:** ❑ Right ❑ Left

Results: ____

Reconstruction: ❑ Yes ❑ No **Type:** ___________________________

Implants: ❑ Yes ❑ No ❑ Saline ❑ Silicone

Tissue Expander: ❑ Yes ❑ No

Family History

Breast Cancer

❑ Mother ❑ Sister ❑ Daughter

❑ Pre menopausal ❑ Post menopausal

Ovarian Cancer

❑ Mother ❑ Sister ❑ Daughter

❑ Pre menopausal ❑ Post menopausal

Hormone Replacement Therapy: ❑ Yes ❑ No

If patient has any of the following conditions, the patient will need a creatinine level drawn **within 6 weeks of appointment.

- ❑ **Over 60 years old**
- ❑ **Hypertension**
- ❑ **Renal Disease or transplant**
- ❑ **Diabetes**
- ❑ **Dialysis**

1st Day of Last Menstrual Cycle: ____________________

	Date	**Location**
Previous Mammogram:	______________________	______________________
Previous Ultrasound:	______________________	______________________
Previous Breast MRI:	______________________	______________________

Reminder prior images done outside of Lifespan or RIMI need to be on site for dictation.

Physician Signature: ____________________________________ **Date:** __________________

TO BE COMPLETED BY MRI

Protocol:

❑ **Bilateral Diagnostic** ❑ **Unilateral Diagnostic (mastectomy)** ❑ **Implant Integrity**

❑ **Routine** ❑ **Urgent** ❑ **Breast Biopsy**

Protocoled by: __________________________________ **Date:** __________________