



BREAST IMAGING REFERRAL FORM



Appt. Date _____ AM
 Appt. Time _____ PM
 Arrival Time _____
 Location _____
 (See back for office addresses)

TOO BUSY TO CALL? SCHEDULE YOUR APPOINTMENT ONLINE WHERE YOU HAVE 24/7 ACCESS!
 Scan the QR code above or visit rmi.opendr.com to schedule your appointment today!
 Both patients and physician offices can schedule online.

PATIENT INFORMATION & LATERALITY

Patient Name: _____ DOB: ____/____/____ Gender: M F Weight: _____ Height: _____ Age: _____
 Patient Phone #: (____) _____

Ordering Physician: _____ Signature: _____ Date: ____/____/____
PRINT NAME VALID SIGNATURE STAMPS ARE NOT VALID

Symptoms/reason for exam: **(PLEASE INCLUDE LATERALITY, SPECIFIC SITE)** _____

Other medical conditions **RELEVANT TO THIS IMAGING STUDY** _____

Pre-Authorization number: _____ Date range: _____

Physician preference for results: Routine STAT Hold Patient Release Patient

Call report #: (____) _____ Fax #: (____) _____

CC: Doctor: _____ Other: _____

THIS SECTION MUST BE FULLY COMPLETED FOR ACCURACY, OR AN RMI EMPLOYEE WILL NEED TO CONTACT YOU PRIOR TO YOUR PATIENT'S EXAM.

MEDICARE PATIENTS ONLY: BY LAW this section MUST be completed by the referring physician for Medicare advanced imaging: CT, MR, NUC, PET.

DSN #: _____ AUC score: _____ HCPCS modifier (circle one): ME MF MG MH

CDSM: Careselect OR other: _____ G - _____ Date/time CDSM was consulted: _____

PLEASE CALL FOR AN APPOINTMENT ON ALL EXAMS BELOW

MAMMOGRAM (3D TOMOSYNTHESIS)

- SCREENING** (WITH ADDITIONAL VIEWS AND/OR US IF NECESSARY) CONTRAST ENHANCED SPECTRAL MAMMOGRAPHY (CESM)
- DIAGNOSTIC** (WITH ADDITIONAL VIEWS AND/OR US IF NECESSARY) BUN/CREATININE (FOR CONTRAST EXAMS ONLY)
- PICK ONE** BILATERAL / RT OR LT BRCA1 / BRCA2 GENE TESTING GALACTOGRAPHY

ULTRASOUND

- BREAST ULTRASOUND **→ PICK ONE** BILATERAL / RT OR LT

MRI

- MRI BREAST
- RAPID SCREENING BREAST MRI - **DENSE BREASTS ONLY** (WITH NO OTHER PROBLEMS)
- BUN/CREATININE (FOR CONTRAST EXAMS ONLY)

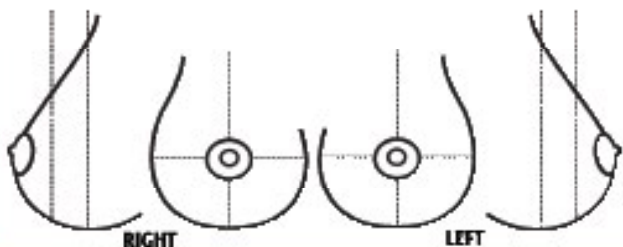
PROCEDURES

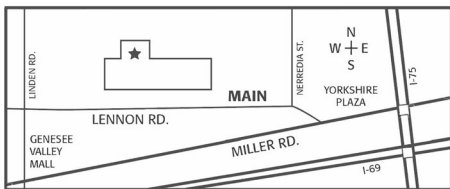
- ULTRASOUND BREAST BIOPSY MRI-GUIDED BREAST BIOPSY
- STEREOTACTIC BREAST BIOPSY BREAST CYST ASPIRATION

BONE (DEXA) DENSITOMETRY

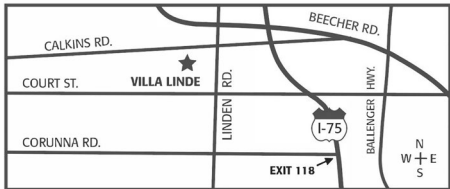
- L-S SPINE/HIP WRIST/FOREARM

INDICATE AREAS OF CONCERN

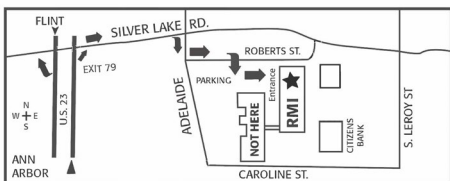




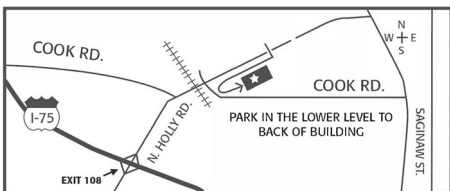
MAIN OFFICE - MRI CENTER
3346 LENNON RD., FLINT



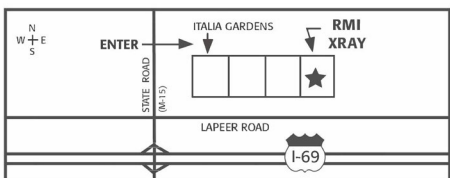
VILLA LINDE - FLINT
5059 VILLA LINDE PKWY, SUITE #25



FENTON 221 W. ROBERTS ST.



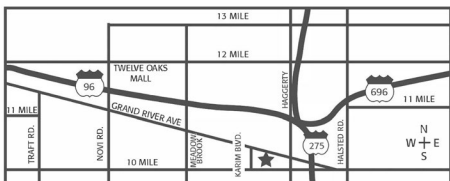
GRAND BLANC 8483 HOLLY RD.



DAVISON 1141 S. STATE RD. SUITE #26



LAPEER 1794 N. LAPEER RD. SUITE B



NOVI 24285 KARIM BLVD. SUITE A

Genesee Area (810) 732-1919
Novi Area (248) 536-0410
Lapeer Area (810) 969-4700
Royal Oak Area (248) 543-7226
Southgate Area (734) 281-6600

DIRECTIONS

Please follow instructions below. Proper preparation is important for good examination and your personal comfort. **Please bring this form, photo ID, medical insurance, and a complete list of all current medications with you at the time of your examination.**

MRI/MRA

- Call us immediately if you have a pacemaker, defibrillator, aneurysm clips, or if you are pregnant, have a history of metal in your eyes, or have had brain, eye, ear, open heart surgery or internal stimulation devices.
- Our MRI scanner is specially designed to significantly decrease the problem of claustrophobia. Do not hesitate to discuss this issue with your doctor prior the examination.
- It is suggested that you wear sweat suits or similar comfortable clothing.
- Gown will be provided

EXAM PREPARATION

Please follow the instructions below. Proper preparation is important for a good examination and your personal comfort.

MAMMOGRAM PREP

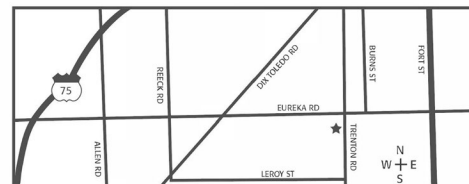
- Please refrain from using deodorants, perfumes, powders or lotions before the mammogram. They may interfere with the quality of your test.
- Compression of the breast is a critical part of the study. If your breasts are sensitive before the screening, you may choose to reschedule your mammogram, or schedule it a week after your period.
- Please tell the technologist if you experience soreness during the examination. She will make appropriate adjustments to ensure your comfort.

BIOPSY PREP

- Choose comfortable, loose-fitting clothing to wear on the day of the exam. You can also expect to wear a gown that RMI will provide, and you may need to remove any jewelry or accessories that could interfere with the exam. For MRI biopsy, you should also inform us before scheduling your appointment if you have any metallic surgical implants or accidentally implanted metallic objects
- To numb the breast so that you will feel little or no sensation when the biopsy needle is inserted, you will receive a local anesthetic.
- We may recommend that you use a cold pack and over-the-counter pain medications to relieve any discomfort from mild swelling or bruising after the procedure. You should avoid strenuous activity for the first 24 hours, but you should otherwise be able to resume a normal routine.



ROYAL OAK 26454 WOODWARD AVE. SUITE A



SOUTHGATE 15300 TRENTON RD