



KSK Breast Center of Irvine

16100 Sand Canyon Avenue
Mammography, Suite 245
Diagnostic Services, Suite 240

Phone 949.502.3489
Fax 949.387.4013

Mammography/Dexa Referral Form

Patient Name: _____ Age: _____ Date of Birth: _____
(Please Print Clearly)

Patient Telephone No.: _____ Patient Insurance: _____

Currently Pregnant: Yes No Implants: Yes No Wheelchair: Yes No
Other Special Physical Accommodations: Yes No _____

Previous Mammogram: Year: _____ Location: _____

Referring Physician: _____
(Please Print Clearly)

Referring Physician: _____ Date of Request: _____
(Signature)

Copy To Patient's Primary Physician: _____ M.D. / D.O.
(Please Print Clearly)

Diagnosis: _____ History of: _____

Comparison exams are useful in detecting subtle changes in the breast tissue.

IF YOUR PAST MAMMOGRAMS WERE NOT TAKEN AT OUR FACILITY, PLEASE BRING THEM IN PRIOR TO SCHEDULING.

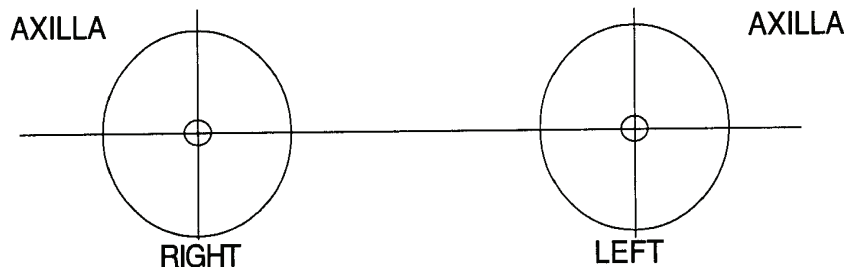
MAMMOGRAPHY SERVICES:

- SCREENING MAMMOGRAM - ASYMPTOMATIC PATIENT: Routine annual screening.
- DIAGNOSTIC MAMMOGRAM: Ultrasound will be performed, if necessary, at additional charge. Patient with breast symptoms (lump, **atypical** pain, nipple discharge, axillary adenopathy, skin changes, etc.); history of breast conservation surgery for cancer within the last two years; 6-month follow-up studies; screening mammogram additional views. **Must have referral here before scheduling diagnostic mammogram.**

DIAGNOSTIC EVALUATION REQUIRES SELECTION OF ICD-9 CODE INDICATION LISTED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> 611.72 Breast Lump | <input type="checkbox"/> 611.0 Inflammatory Disease of Breast |
| <input type="checkbox"/> 611.71 Breast Pain | <input type="checkbox"/> 611.79 Nipple Inversion/ Bloody Discharge |
| <input type="checkbox"/> 610.1 Diffuse Cystic Mastopathy | <input type="checkbox"/> 611.1 Gynecomastia |

Symptoms/Clinical Findings (**Diagram must be marked**):



ADDITIONAL SERVICES:

- DXA: Bone Densitometry
- Ultrasound for Palpable Findings
- Stereotactic or ultrasound guided Core Biopsy
- Cyst Aspiration
- Ductography
- Other: _____

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Lumbar Spine/Hip | |
| <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Right | <input type="checkbox"/> Left |
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INSTRUCTIONS AND MAP ON REVERSE SIDE.

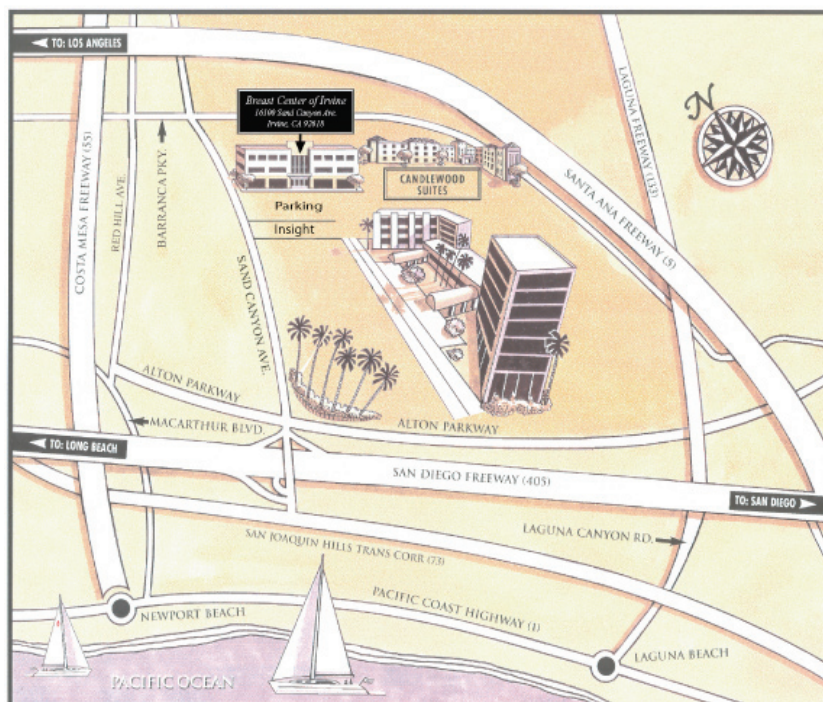
PATIENT INSTRUCTIONS

MAMMOGRAPHY INSTRUCTIONS:

1. For your convenience, it is suggested that you wear a two-piece outfit. You will be asked to undress from the waist up.
2. Deodorant and powder may show on a mammogram, so please do not use prior to your exam.
3. **Schedule your appointment when there is no possibility of pregnancy.**
4. For a more comfortable exam, avoid scheduling your mammogram 7-10 days before your menstrual period.
5. Remember to bring your previous mammogram films for comparison.

DEXA INSTRUCTIONS:

1. Do not take any calcium supplements or antacids, such as Tums, 24 hours prior to your scheduled exam.
2. Diagnostic exams utilizing barium and any nuclear medicine exams must not be scheduled less than two weeks prior.



Directions: The KSK Breast Center of Irvine is located at 16100 Sand Canyon Avenue, Suite 245 in the Sand Canyon Medical Center. We are conveniently located between Alton and Barranca right off the Sand Canyon exit on the 405 freeway.