Breast Imaging Order Form

TODAY'S DATE: _____

OREGON IMAGING CENTERS

General Scheduling: (541) 334-7555 • TF: (888) 968-7608
Fax Orders: (541) 334-7564
Online Orders: https://forms.oregonimaging.com/general-order-form/

REPORTING INSTRUCTIONS

☐ ROUTINE ☐ ASAP SCHEDULED

**As an outpatient only facility we do not perform true STAT exams, if the need is emergent please consider referring patient to an Emergency Department or Urgent Care facility.*

PATIENT LAST NAME (REQUIRED) FIRST MIDDLE		DATE OF BIRTH (REQUIRED) PATIENT DAYTIME PHONE
ORDERING CLINICIAN (REQUIRED -Please Print) OFFICE LOCATION (IF MULTIPLE)		CLINICIAN SIGNATURE (REQUIRED - NO STAMPS) DATE
INSURANCE	PA#	SEND ADDITIONAL COPIES OF REPORT TO
SYMPTOMS / DIAGNOSIS / HISTORY (REQUIRED) - INCLUDE ICD-CODE(S)		

☐ **Radiologist's discretion to determine workup, including contrast and additional imaging if needed**

☐ Call my office prior to doing additional studies.

IMAGING & PROCEDURES

☐ **SCREENING MAMMOGRAM** (no breast symptoms)
OIC recommends diagnostic mammography for patients with personal history of breast cancer diagnosed with in the last year.

☐ SCREENING MAMMOGRAM WITH IMPLANTS (no breast symptoms)

☐ DIAGNOSTIC MAMMOGRAM (or additional views following screening)
☐ **OK for US breast(s) if indicated**

☐ **CONTRAST ENHANCED MAMMOGRAM (CEM)**

☐ BREAST ULTRASOUND ☐ L ☐ R ☐ B/L ☐ Implant Integrity

☐ MRI BREASTS ☐ Lesion Detection ☐ Implant Integrity ☐ Pre-Op

☐ BREAST BIOPSY ☐ L ☐ R
☐ Stereo Core ☐ US Core ☐ MRI Core ☐ Other _____
☐ **Sampling modality at radiologist discretion**

☐ FNA (Fine needle aspiration/cyst/fluid collection) ☐ L ☐ R
☐ Ok to biopsy if unsuccessful aspiration attempt

Previous Breast Imaging: _____

PATIENT SYMPTOMS

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NEEDLE LOCALIZATION

☐ **RADIOLOGIST DISCRETION** Right; position _____
☐ MAMMOGRAPHY GUIDED Left; position _____
☐ ULTRASOUND GUIDED

Diagnosis: _____

Special Instructions (ex: bracket or multiple sites)

_____

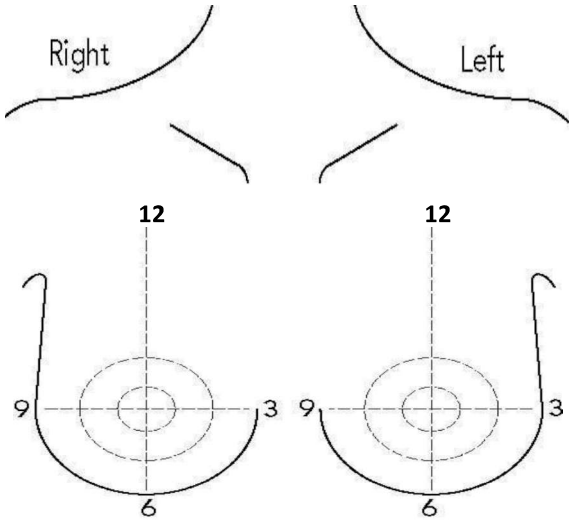
_____

SCHEDULED SURGERY DATE _____ TIME _____

Location: ☐ SHRB ☐ NSC Day Surgery

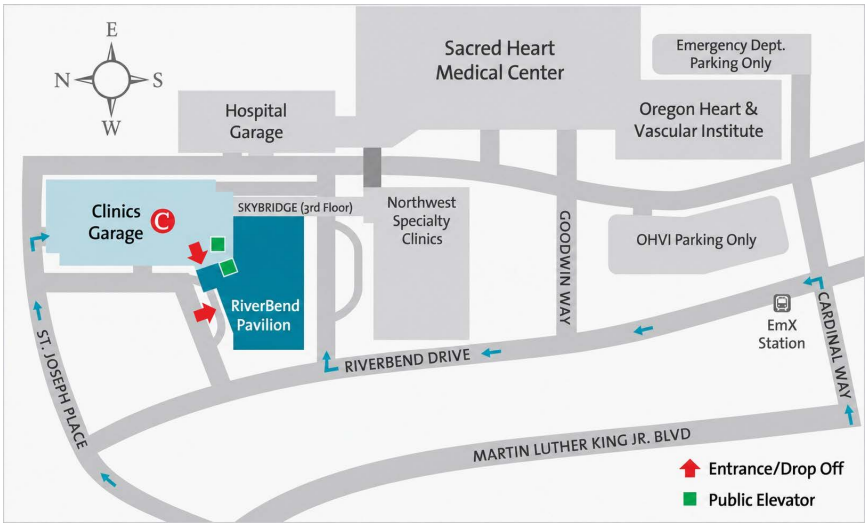
☐ (SLN) Sentinel Lymph Node

SLN DATE _____ TIME _____



OREGON IMAGING CENTERS

Locations



RiverBend Campus

Park in Clinics Garage and follow the directions below, or ask your driver to drop you off at the RiverBend Pavilion building entrance (not the hospital).

TIP: For the most direct route, turn onto St. Joseph Place from Martin Luther King Jr. Blvd.

RiverBend Pavilion

3377 RiverBend Dr., Springfield, Ground floor.

Located in the same building as PeaceHealth Medical Group.

- From Garage, take elevator to ground level, indicated with a (lobster).
- After entering the building, Oregon Imaging Centers is straight ahead on the left, Floor G.

University District

1200 Hilyard Street, Suite 330, Eugene, 3rd floor.

Located in the same building as PeaceHealth Medical Group.

- Park on the third floor (top level).
- After entering the building, Oregon Imaging Centers is on the right, past the elevators.