

425.656.5550 ph
877.674.2674 toll-free
425.656.5552 fax
www.vrads.com
www.valleymed.org

INFORMATION REQUEST & CHECKLIST FOR Breast MRI

VALLEY DIAGNOSTIC
IMAGING SERVICES

Olympic Building

Arrival Time: _____

Exam 1 Date & Time: _____

Exam 2 Date & Time: _____

Please FAX back this form and any requested information on the checklist to 425.656.5552. For questions, call 425.656.5550.

It is important to obtain the following information prior to the patient's scheduled exam time for radiologist protocoling of the study and to verify insurance coverage.

PATIENT INFORMATION:

Name: _____ DOB: _____ Phone: _____
Height: _____ Weight: _____ Referring Physician Name: _____
Insurance Name: _____ Subscriber Name: _____ Insurance Ph.: _____
ID#: _____ Group #: _____ Insurance Address: _____

CLINICAL HISTORY

CPT: _____ ICD-9 / ICD-10 Required: _____

Known symptoms, diseases, allergies, clinical info: _____
Specific area Required (left, right, upper, lower, etc.): _____ Encounter Required: initial subsequent sequelae
Relevant prior surgery/radiation? _____ Pregnant? Yes No If Yes, how many weeks? _____
Prior Images? Yes No Where: _____ Primary healthcare provider: _____

EXAM & INDICATION (Please Check):

- MRI Breast without and with IV 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
 - Inconclusive mammogram and/or ultrasound (problem-solving MRI)
 - Annual Breast MRI Screening per ACS guidelines (after mammogram):
 - Breast cancer gene (BRCA1 or 2) mutation carriers - serum positive
 - First-degree relative of BRCA gene mutation carrier, but untested
 - Lifetime risk 20-25% or greater, as defined by BRCAPRO or other accepted statistical risk assessment 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)
 - Silicone (*if saline implant, evaluation not available)
- MRI Breast w/out contrast with Implant Evaluation
 - Implants - suspect rupture, no suspicion of cancer
 - Silicone (*if saline implant, evaluation not available)

IMPORTANT CLINICAL INFORMATION:

Please fax to 425.656.5552

- 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:
 - 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 films & reports been requested?
 - Yes No
 - Being sent to us:
 - Yes No

OTHER NOTES & REQUESTS:

SIGNATURE:

(Federal regulations require a healthcare provider signature.)

Referring healthcare provider (print)

Signature: _____

Important Information:

Magnetic resonance imaging (MRI) is a simple, painless examination that uses a magnetic field and radio waves to see internal organs and other soft tissue without the use of X-rays.

Aided by the speed and accuracy of a computer, MRI provides extremely detailed images of body anatomy. The strong magnetic field created by the MRI machine prepares molecules in the body to emit radio signals when exposed to prescribed radio waves. Molecules in abnormal cells produce different signals than those from normal cells and the difference is used to create the MRI image.

Breast MRI is a non-invasive procedure that your doctor may request to help determine the presence of abnormal tissue which may represent cancer. Each exam produces hundreds of images of the breast in several different views and with varied settings of the MRI machine. For all breast MRI exams, with the exception of diagnosis of implant rupture, intravenous (IV) contrast is used to better evaluate the breast. The images captured by the MRI are then interpreted by a radiologist.

What to expect during the exam:

Although MRI is the result of extremely complex technology, it is simple and easy for patients.

Your MRI exam will be performed in a room designed to prevent the strong magnetic field from extending beyond its walls and interference from outside radio waves. You will be continuously observed by specially trained staff who can communicate with you through an intercom system.

You will be asked to relax and remain as still as possible. Breast MRI requires that you lie on your stomach for roughly 30 minutes with both breasts surrounded by a receiver device, known as the breast coil. Women generally find the examination table comfortable. You will feel nothing unusual during the exam. The scanner makes a series of thumping sounds made by the radio wave transmitters which are normal and in no way harmful. Lavender and flax seed aromatherapy eye pillows are available to aid in relaxation, and music can also be provided. The appointment usually takes 45 minutes. MRI breast biopsy and needle localization appointments may take up to 2 hours with additional table time required.

Arrival Time: _____ Exam 1 Date & Time: _____ Exam 2 Date & Time: _____

Preparation for your exam:

You will be asked to change into an examination gown. You will also be asked to leave any jewelry, keys, and other metallic items in a locked safe. Credit cards have a metallic strip that can be erased by the magnet, and shouldn't be exposed to the exam room. You will be given the opportunity to use the bathroom so you will be as comfortable as possible for the duration.

Eating and drinking:

Under most circumstances, no special diet, medication, or fasting are required before your MRI examination.

A VERY IMPORTANT NOTE:

You cannot undergo MRI if you have a pacemaker, cochlear implants or a cardiac defibrillator. Please notify the scheduler when making your appointment if you have brain shunts, aneurysm clips, stents or any other

implants in your body. Please notify the physician or technologist if you are not sure whether you have any of the above.

Please make child care arrangements or bring a family member to watch children during your MRI. Children may not be left unattended in the lobby.

After the exam:

There are no restrictions. You may resume your normal diet and activity.

Obtaining exam results:

Remember that the technologist is not trained to interpret the images from your exam. The radiologist will provide the interpretation to your physician, and your physician will then discuss the results with you. Be sure you clearly understand your exam results and their impact on your health. Please don't hesitate to contact us at 425.656.5550 with questions.

Valley Diagnostic Imaging Services
400 South 43rd Street
Renton, WA 98055
425.656.5550 ph.

Driving Directions:
Driving North or South on I-5, take the I-405 North exit. In Renton, take the Southbound Hwy. 167 (Kent/Auburn) exit. From 167, take the first exit, S. 180th Street. Follow the signs to the Hospital (Valley Medical Center). If you are driving Northbound on Hwy. 167, take the 43rd St. exit. Follow the map for the location of the Olympic Building and free parking.

VALLEY DIAGNOSTIC IMAGING SERVICES
Olympic Building

Visit Valley Medical Center online at www.valleymed.org.
Visit Vantage Radiology & Diagnostic Services online at www.vrads.com.