



Diagnostic Breast Imaging Order Form

Central Scheduling:

(T) 651.632.5700

(F) 651.632.5701

Appointment Date:

☐ Call Patient to schedule

Exam Time:

Insurance Authorization #

☐ SPR to Request

PATIENT LABEL HERE

Providing digital mammography services at outpatient imaging centers

Patient Information

PATIENT NAME	DATE OF BIRTH	ID/MRN
CELL PHONE	HOME PHONE	WORK PHONE
INSURANCE COMPANY	POLICY #/GROUP	
CLINICAL HISTORY		
DIAGNOSIS/ORDER		
PREVIOUS FILMS?	RESULTS CHECK ALL THAT APPLY	MRI SAFE?
	<input type="checkbox"/> Films <input type="checkbox"/> CD <input type="checkbox"/> Read & Call <input type="checkbox"/> Patient to Hand Carry	

Physician Information

REFERRING PHYSICIAN	OFFICE PHONE	OFFICE FAX
PHYSICIAN SIGNATURE (REQUIRED)	PRACTICE NAME/CLINIC	
NATIONAL PHYSICIAN ID #	SPECIAL INSTRUCTIONS	
INSTRUCTIONS / NOTES		

Clinical Examination Details

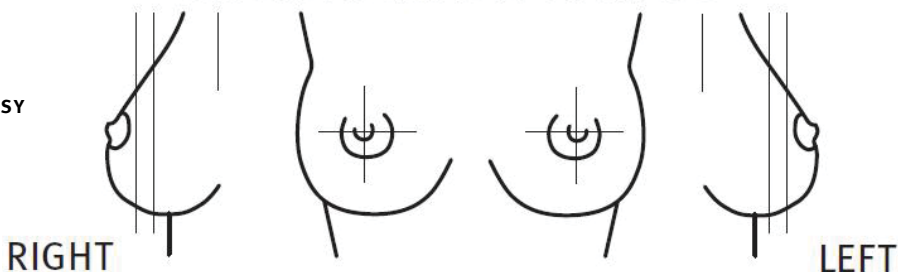
☐ DIAGNOSTIC MAMMOGRAM OR POSSIBLE US OR BIOPSY
LEFT RIGHT BILATERAL

☐ ULTRASOUND OR POSSIBLE DIAGNOSTIC MAMMO OR BIOPSY
LEFT RIGHT BILATERAL

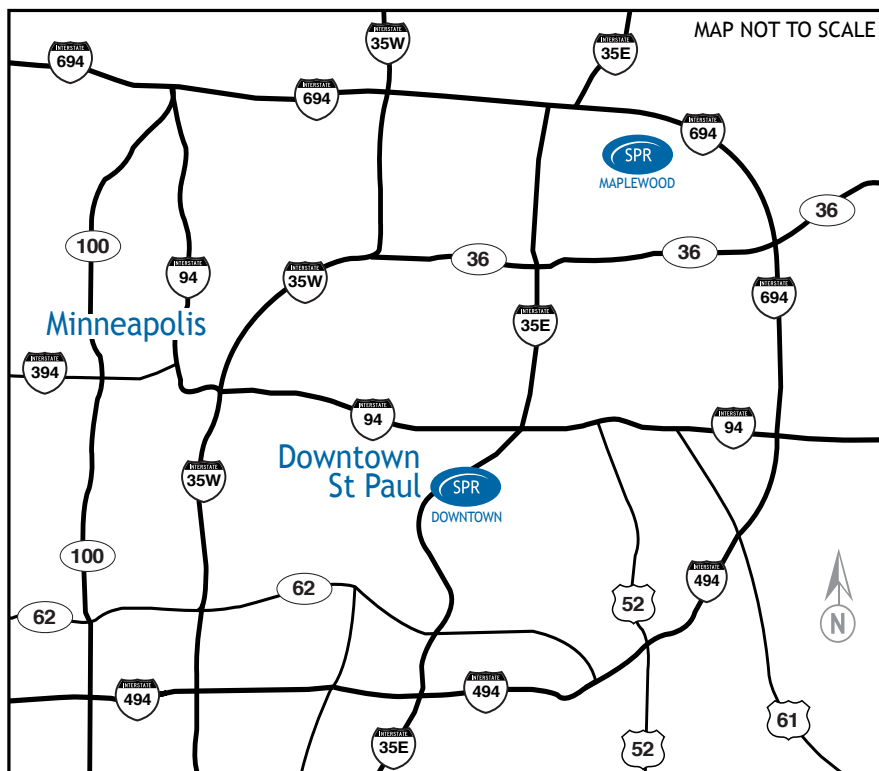
☐ ULTRASOUND GUIDED CYST ASPIRATION OR CORE BIOPSY
LEFT RIGHT BILATERAL

☐ BREAST MRI

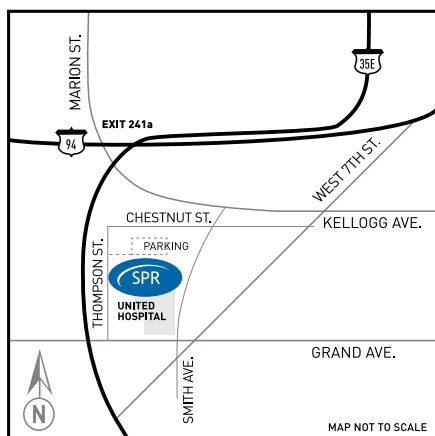
SHOW LOCATION OF MASS



SIZE OF MOST IMPORTANT MASS (CM)	RIGHT	CM
	LEFT	CM

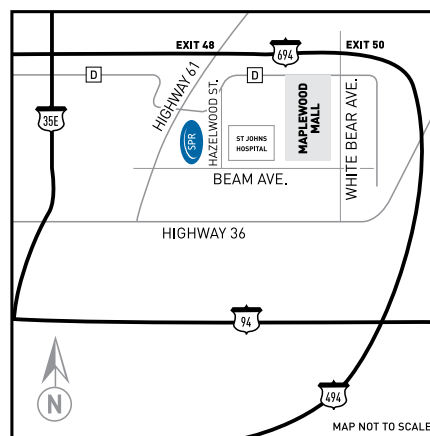


For detailed directions to each imaging center, please visit our website at
stpaulradiology.com/contact/imaging-centers



DOWNTOWN

250 Thompson Street
St. Paul, MN 55102
Phone #: 651.602.7200



MAPLEWOOD

2945 Hazelwood Street North, Suite 110
Maplewood, MN 55109
Phone #: 651.747.4500