



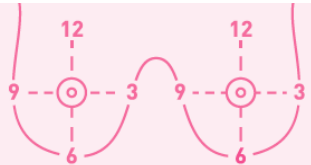
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 Greenville, NC 27834
 p 252.565.8951
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Patient: _____ DOB: _____
 Phone: _____ Appt. Date: _____ Time: _____
 Referring Physician: _____ Phone: _____
 Signature: _____ Date: _____
 Relevant Prior Imaging Location(s): _____

COMPREHENSIVE REFERRAL REQUEST

- Screening and/or diagnostic imaging as needed
- Checking this box authorizes our Breast Imaging Physicians to perform a complete evaluation including imaging and/or interventional procedures at the discretion of the radiologist
- Whole Breast Screening Ultrasound is recommended for all patients with dense breasts. If you DO NOT authorize us to perform this study, please initial here _____

Clinical Information (may leave blank for screening): _____



INDIVIDUAL STUDY REFERRAL: (Choose one or more studies)

- IMAGING**
- Screening 3D Mammogram (Tomosynthesis)
 - Screening Whole Breast Ultrasound
 - Diagnostic 3D Digital Mammogram Left Right Both
 - Breast Ultrasound Left Right Both
 - Contrast Enhanced Spectral Mammography (CESM)
- *Labs needed (> age 50): Recent serum creatinine and GFR
- New breast cancer, evaluation of extent Other _____

- PROCEDURES**
- (Biopsy type and guidance per Radiologist unless specified)
- Image Guided Biopsy Left Right Both
 - Aspiration Cyst or Abscess Left Right Both
 - Ductogram Left Right Both
 - Wire Localization Left Right Both

BONE MINERAL DENSITY (DEXA):

Reason for exam: _____

Please arrive 15 minutes before your scheduled appointment with your photo ID and insurance card.

Payment for copay and/or deductible is expected at the time of service.

Preparation for Digital Mammogram Examination:

No perfume, deodorant or body powder the day of the exam

Please wear two piece clothing

Preparation for Breast Biopsy:

No aspirin or "blood thinners" one week prior to biopsy

Please consult your physician prior to discontinuing medications

Wear a supportive garment (sports bra)

We recommend coming with someone who can drive you home if needed

Preparation for DEXA Exam:

Patients should not be scheduled in the two weeks following any nuclear medicine exam or abdominal CT scan

No calcium pills in prior 24 hours

Avoid clothing with metal buttons or zippers

Please call our office if you have any questions or need to reschedule your appointment.

Carolina Breast Imaging Specialists
990 Johns Hopkins Drive
Greenville, NC 27834
252.565.8951

Wilson Office (Mammography Only)
2124-B Airport Blvd NW
Wilson, NC 27896
252.561.7232

Goldsboro Office (Mammo & U/S)
204 N. Spence Ave
Goldsboro, NC 27534
919.947.2021

For more information, please visit our website:
www.CBISpecialists.com