



Radiology Associates<sup>LLP</sup>  
The Choice is Clear.

# Breast Imaging Services

Central Fax: 361-561-3107 | 361-887-7000 | 1-877-626-8678 Toll Free

Patient: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date: \_\_\_\_\_ Appointment Date/Time Preferred: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please indicate for breast exam:  Bilateral  Right  Left

## Screening Services:

- Screening mammography (asymptomatic)
- Screening breast MRI
- Screening breast ultrasound

## Biopsy

- Image-guided needle biopsy (ultrasound or stereotactic)
- MRI guided needle biopsy

## Diagnostic Evaluation:

- Imaging as needed  
*(Mammogram and/or breast ultrasound as indicated by patient age and findings.)*
- Breast Ultrasound  
*with possible diagnostic mammogram if indicated*
- Diagnostic mammogram  
*with possible breast ultrasound if indicated*
- Breast MRI

## Breast MRI

- To evaluate implant  To evaluate breast lesion
- \*\*Pacemaker: Y / N (if yes, MRI services unavailable)**

## DXA

- Yes

Authorization# \_\_\_\_\_ Effective Dates \_\_\_\_\_ to \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

If more than one (1) location, please include practice address: \_\_\_\_\_

\*Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

\*Referring Healthcare Professional Name (Please Print): \_\_\_\_\_

\*Referring Healthcare Professional Signature: \_\_\_\_\_

CC to Other Healthcare Professional: \_\_\_\_\_

All patients should pre-register for their appointments 24 hours in advance through the patient portal or by calling 361-887-7000 (option 5)  
Patient must present Photo ID & Insurance card at time of service.

Payment is due at time of service. Any necessary payment arrangements must be made prior to the appointment.

TAX I.D. #74-1087689 NPI 1558311340