

PLEASE BRING THIS REFERRAL FORM TO YOUR SCHEDULED APPOINTMENT

- | | | |
|---|------------------------------|----------------------------|
| <input type="checkbox"/> CENTRAL SCHEDULING | Phone: (916) 434-7600 | Fax: (916) 408-8000 |
| <input type="checkbox"/> WOODLAND SCHEDULING | Phone: (530) 668-2632 | Fax: (530) 662-7436 |

Patient's Name: _____ D.O.B.: _____

Home Phone #: _____ Work Phone #: _____

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|--|--|--|
| <input type="checkbox"/> Breast Imaging <ul style="list-style-type: none"><input type="checkbox"/> Routine screening, proceed to diagnostic work up if indicated (e.g.: additional views, ultrasound and/or aspiration/biopsy.)<input type="checkbox"/> Diagnostic mammogram, including ultrasound, aspiration/biopsy if indicated.<input type="checkbox"/> Ultrasound only, proceed to mammography work up including aspiration/biopsy if indicated.<input type="checkbox"/> Ultrasound Guided Breast Biopsy<input type="checkbox"/> Stereotactic Guided Breast Biopsy<input type="checkbox"/> Needle Localizations: <input type="checkbox"/> Right <input type="checkbox"/> Left<input type="checkbox"/> Breast MRI<input type="checkbox"/> MR Guided Breast Biopsy
Breast Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No<input type="checkbox"/> Automated Whole Breast Ultrasound | <input type="checkbox"/> Pelvic Ultrasound <ul style="list-style-type: none"><input type="checkbox"/> Pelvic Ultrasound with Transvag<input type="checkbox"/> Pelvic Ultrasound without Transvag<input type="checkbox"/> Hysterosonogram <input type="checkbox"/> OB Ultrasound <ul style="list-style-type: none"><input type="checkbox"/> Nuchal Translucency<input type="checkbox"/> Limited OB (Follow up from prior OB ultrasound)<input type="checkbox"/> <14 week with transvag if necessary<input type="checkbox"/> Complete with transvag if necessary <input type="checkbox"/> Dexa-Bone Densitometry <ul style="list-style-type: none"><input type="checkbox"/> Bone density only<input type="checkbox"/> w/ Vertebral fracture assessment <input type="checkbox"/> Hysterosalpingogram | <input type="checkbox"/> Other: _____ |
|--|--|--|

Diagnosis/Symptoms: _____

ICD Code: _____

Referring Provider: _____

Referring Provider Signature: _____ Date: _____

Phone Report Copies to: _____

Insurance Authorization to be obtained by: DHAI Referring Doctor No Authorization necessary
Please fax clinical notes & front and back of insurance card along with this referral if DHAI will obtain the authorization.

Authorization number (if required): _____

Appointment Date: _____ Appointment Time: _____

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|---|---|--|
| <input type="checkbox"/> Dignity Health Advanced Imaging, Sacramento
3301 C Street, Suite 500
Sacramento, CA 95816

3D Mammography, Breast MRI, Breast MRI Guided Biopsy, Nuchal Translucency Ultrasound, Breast Ultrasound Guided Breast Biopsies/ Cyst Aspirations, Needle Localizations | <input type="checkbox"/> Dignity Health Advanced Imaging, Women's Center
1380 Lead Hill Blvd., #100
Roseville, CA 95661

3D Mammography, Breast Ultrasound, Automated Whole Breast Ultrasound, Stereotactic Breast Biopsy, Guided Breast Biopsies/Cyst Aspirations, Needle Localizations, DEXA-Bone Densitometry | <input type="checkbox"/> Dignity Health Advanced Imaging, Woodland
632 Gibson Road
Woodland, CA 95695

Mammography, Breast Ultrasound, Stereotactic Breast Biopsy, Guided Breast Biopsies/Cyst Aspiration, Needle Localizations |
| <input type="checkbox"/> Dignity Health Advanced Imaging, Carmichael
6305 Coyle Avenue, Carmichael, CA 95608

Breast MRI, Hysterosalpingogram, Ultrasound, 3D Mammography | <input type="checkbox"/> Dignity Health Advanced Imaging, Elk Grove
8220 Wymark Drive, #101
Elk Grove, CA 95757

3D Mammography, Ultrasound, DEXA-Bone Densitometry, Breast Ultrasound Guided Biopsies/Cyst Aspirations, Stereotactic Breast Biopsy | <input type="checkbox"/> Dignity Health Advanced Imaging, E. Woodland
2081 Bronze Star Drive
Woodland, CA 95776

3D Mammography |

Map of locations and pre-exam information provided on reverse