

Breast MRI Imaging Request

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. to 888.693.3210. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Requests may also be submitted via the web at eviCore.com. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE TO 800.440.5071.**

Patient/Member	First Name:		Middle Initial:	Last Name:		
	DOB (mm/dd/yyyy):			Gender:	Male	Female
	Street Address:				Apt #:	
	City:			State:	Zip:	
	Home Phone:		Cell Phone:		Primary Contact:	Home Cell
	Health Plan:		Member ID:			
Ordering Provider	First Name:		Last Name:		Medicaid ID:	
	Primary Specialty:		TIN:	NPI:		
	Physician Phone:			Physician Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
	Office Contact:				Ext:	
	Contact Email:					
	Facility/Site	First Name:			Last Name:	
Group/Site Name:			Medicaid ID:			
Primary Specialty:		TIN:	NPI:			
Site Phone:			Site Fax:			
Address:				Suite #:		
City:			State:	Zip:		
Procedure		Check all applicable CPT Codes:	MRI Breast:		77058	77059
	Other:					
Diagnosis	Diagnosis, if known or rule out:					
	ICD-10 Codes:					
	Date of last visit:					

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Clinical Information	1. Date of most recent office visit or other contact with physician: Don't Know						
	2. Type of most recent documented contact with physician?						
	Hospital	Phone call with office staff					
	Office visit	Phone call with physician					
	Email	Don't Know					
	Other:						
	3. Is this an annual or screening MRI? (Hint: no breast lesion or problems)		Yes	No	Don't Know		
	4. Is there history of breast cancer?		Yes	No	Don't Know		
	5. Is there a known breast lesion?						
	Yes, mass on physical exam	No					
	Yes, mass on mammogram	Don't Know					
	Yes, mass on previous MRI or CT						
	6. Date of last imaging study?		Performed date unkown				
	Previous imaging not done		Unknown if imaging was done				
7. Is a biopsy planned?		Yes	No	Don't Know			
8. Is this breast MRI for a MRI guided biopsy?		Yes	No	Don't Know			
9. Has a breast biopsy been performed within the last 6 months?		Yes	No	Don't Know			
10. Is there a new diagnosis of breast cancer proven by biopsy?		Yes	No	Don't Know			
Additonal Information/Comments:							
Submitter	Who is making this request? Ordering Physician Facility Other:						
	Print Name:						
	Title:	MD	RN	LPN	PA	NP	Other:
	Signature:			Date:			