



Breast MRI Imaging Request

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. 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. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.**

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:		Group ID:	
Ordering Provider	First Name:			Last Name:		
	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:					
	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: