



# Breast Ultrasound 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](http://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.**

<b>Patient/Member</b>	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:	
<b>Ordering Provider</b>	First Name:			Last Name:		
	Primary Specialty:		TIN:	NPI:		
	Physician Phone:			Physician Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
	Office Contact:					Ext:
	Contact Email:					
<b>Facility/Site</b>	First Name:			Last Name:		
	Group/Site Name:					
	Primary Specialty:		TIN:	NPI:		
	Site Phone:			Site Fax:		
	Address:				Suite #:	
	City:			State:	Zip:	
<b>Procedure</b>	Check all applicable CPT codes:	76641, <i>complete</i> . Quantity:				
		76642, <i>limited</i> . Quantity:				
		Other:				
<b>Diagnosis</b>	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. What is the main reason for this request?	
Suspected breast cancer	Suspected breast pain
Known breast cancer	Known breast infection
Evaluate breast lump/mass	Other:
Abnormal mammogram	Don't Know
Breast pain	
4. Is this request to follow the on-going treatment of breast cancer?	Yes      No      Don't Know
5. When was the last breast ultrasound performed?	
No prior breast ultrasound performed	More than 6 months ago
Less than 6 months ago	Don't Know
6. Have there been new breast image findings or a change in the breast exam since the last ultrasound?	
Yes	No prior ultrasound
No	Don't Know
Additional Information/Comments:	

**Submitter**

Who is making this request?	Ordering Physician	Facility	Other:
Print Name:			
Title:	MD	RN	LPN    PA    NP    Other:
Signature:		Date:	