

St. Luke's Connect Scheduling
 Phone: (208) 706-2055
 Fax: (208) 706-5855
 Tax ID number: #820161600
 Pre-Auth #: _____

PATIENT INFORMATION		<input type="checkbox"/> STAT order
Order Date:	Provider Name (Printed):	
Name:	Provider Signature (Req.):	
DOB: <input type="checkbox"/> Male <input type="checkbox"/> Female	Referring Phone:	
Home Phone:	Urgent Read: ()	<input type="checkbox"/> Phone <input type="checkbox"/> Fax
Patient Insurance (Req.)	CC Results to:	
Indications, DX/SX:		

WOMEN'S IMAGING ORDER FORM

MAMMOGRAPHY

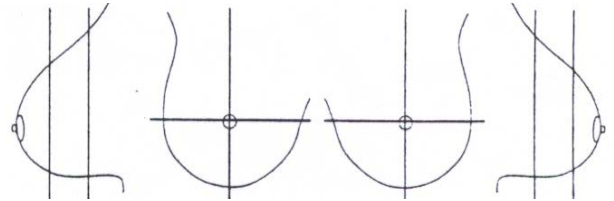
- Screening Mammogram:** No signs or symptoms or breast disease.
- Diagnostic:** Age appropriate comprehensive breast work up to include Mammo / Breast US as needed
- Indicate affected side Right Left Bilateral

Please indicate the area of concern:

Date of last Mammogram: _____

Location of last Mammogram: _____

History / Indications / Other Notes: _____



INSTRUCTION FOR MAMMOGRAPHY PATIENTS: Please **do not** wear any body powder, deodorant, cream or lotion in the area of the breast or underarm. 2-piece clothing recommended.

ULTRASOUND

Ultrasound: Pelvic & OB

SELECT ONE:

- Single Twins Triplets

SELECT ONE: Trimester

- 1st 2nd 3rd

- OB Early less than 14 weeks
 OB Complete
 US Pelvis, to include Transabdominal & Transvaginal
 US Pelvis, Transabdominal only
 US Pelvis, Transvaginal only

Ultrasound: Breast

- US Breast
 Left Right Bilateral
 US Breast Biopsy
 Left Right Bilateral

Ultrasound: Other Studies

- Abdomen (complete)
 Abdomen (limited) Body Part _____
 Renal Thyroid
 Venous Doppler
 Left Right Bilateral

INTERVENTIONAL BREAST SERVICES

- | | |
|--|--|
| <input type="checkbox"/> US Breast Biopsy | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> US Breast Cyst Aspiration | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> Breast Localization | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> US guided | |
| <input type="checkbox"/> Mammography guided | |
| <input type="checkbox"/> Galactogram | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> Stereotactic Guided Breast Biopsy | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> Sentinel Node Injection/Scan | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |

DEXA

- Bone Density (DEXA) Whole Body

Date of last DEXA: _____

Location of last DEXA: _____

History / Indications: _____

CRITERIA FOR DIAGNOSTIC DEXA:

- Post Menopause Surgical
 Premature Menopause
 Estrogen Deficiency
 Rheumatoid Arthritis
 Suspicion of Poor Calcium Intake
 Loss of Height (or Family History)

MRI

- MRI Breast W/WO Contrast
 Bilateral Right Left
 Non-Contrast for implant evaluation
 Pre & Post Contrast MRI for Breast Cancer Screening
 MRI Breast Biopsy Bilateral Left Right
 MRI Pelvis (uterus) MRI Pelvis (ovaries)
 MRI Other: _____

INSTRUCTION FOR DEXA PATIENTS: Avoid taking calcium for 24 hours prior to your exam (ie. Tums, Viactin, multi-vitamin or prescription with calcium.)

OTHER

- HSG (Hysterosalpingogram)

BREAST CARE SERVICES LOCATIONS

Boise – Bannock St.	Boise – Washington St.	Boise – Rifleman St.	Eagle
100 E Bannock St Boise, ID 83712 Appointments (208) 706-2055 Fax (208) 706-5855	247 W Washington St Boise, ID 83712 Appointments (208) 706-2055 Fax (208) 706-5855	8050 W Rifleman St Boise, ID 83704 Appointments (208) 706-2055 Fax (208) 706-5855	3101 E State St, Ste. 2101 Eagle, ID 83616 Appointments (208) 706-2055 Fax (208) 706-5855
Fruitland	Jerome	Ketchum / Wood River	McCall
909 NW 16 th St, Ste. C Fruitland, ID 83619 Appointments (208) 706-2055 Fax (208) 706-5855	709 N Lincoln Ave Jerome, ID 83338 Appointments (208) 814-7220 Fax (208) 814-7222	100 Hospital Dr. Ste. 202 Ketchum, ID 83340 Appointments (208) 727-8238 Fax (208) 727-8216	1000 State St McCall, ID 83638 Appointments (208) 706-2055 Fax (208) 706-5855
Meridian Medical Center	Meridian – Louise Dr.	Mountain Home / Elmore	Nampa
520 S Eagle Rd Meridian, ID 83642 Appointments (208) 706-2055 Fax (208) 706-5855	3525 E. Louise Dr. Ste. 320 Meridian, ID 83642 Appointments (208) 706-2055 Fax (208) 706-5855	895 N 6 th E St Mountain Home, ID 83647 Appointments (208) 706-2055 Fax (208) 706-5855	9850 W St. Luke's Dr. Ste. 200 Nampa, ID 83687 Appointments (208) 706-2055 Fax (208) 706-5855
Twin Falls / Magic Valley			
762 N College Rd. Twin Falls, ID 83301 Appointments (208) 814-7220 Fax (208) 814-7222			

OUTPATIENT IMAGING CENTERS

Boise – Americana	Eagle	Fruitland	Meridian – Portico West
703 s Americana Blvd Boise, ID 83702 Appointments (208) 706-5850 Fax (208) 706-5855	3101 E State St Eagle, ID 83616 Appointments (208) 706-5850 Fax (208) 706-5855	1210 NW 16 th Ave Fruitland, ID 83619 Appointments (208) 706-5850 Fax (208) 706-5855	3277 E. Louise Dr. Ste. 100 Meridian, ID 83642 Appointments (208) 706-5850 Fax (208) 706-5855
Nampa	Twin Falls – Magic Valley		
9850 W St. Luke's Dr. Nampa, ID 83687 Appointments (208) 706-5850 Fax (208) 706-5855	801 Pole Line Rd W Twin Falls, ID 83301 Appointments (208) 814-7210 Fax (208) 814-7212		

HOSPITAL IMAGING CENTERS

Boise Medical Center	Elmore Medical Center	Jerome Medical Center	Ketchum / Wood River
100 E Bannock St Boise, ID 83712 Appointments (208) 706-5850 Fax (208) 706-5855	895 North 6 th East Mountain Home, ID 83647 Appointments (208) 587-1499 Fax (208) 706-5855	709 N Lincoln Ave Jerome, ID 83338 Appointments (208) 814-7210 Fax (208) 814-7212	100 Hospital Dr. Ste. 202 Ketchum, ID 83340 Appointments (208) 727-8238 Fax (208) 727-8216
McCall Medical Center	Meridian Medical Center	Twin Falls / Magic Valley	
1000 State St McCall, ID 83638 Appointments (208) 630-2328 Fax (208) 706-5855	520 S Eagle Rd Meridian, ID 83642 Appointments (208) 706-5850 Fax (208) 706-5855	801 Pole Line Rd W Twin Falls, ID 83301 Appointments (208) 814-7210 Fax (208) 814-7212	

PATIENT REMINDERS:

Please notify St. Luke's of any prior medical imaging. This allows us to compare your current images to prior images so we can detect any changes and provide an accurate interpretation.

For your appointment, please bring proof of insurance and proof of identification.

Requests for Images & Reports

Boise, Eagle, Fruitland, Meridian, Nampa	(208) 381-2433	McCall	(208) 630-2238
Jerome	(208) 814-9729	Mountain Home / Elmore	(208) 580-2664
Ketchum / Wood River	(208) 727-8335	Twin Falls / Magic Valley	(208) 814-7223