

Breast & DEXA Imaging Request

Please see instructions on back

Patient Name: _____

Home Phone: _____ DOB: _____

ICD/Diagnosis/Indications: _____

Comments: _____

HALO
Precision Diagnostics™
& Breast Care Center

1720 Esplanade
Chico, CA 95926
O: 530-898-0500
F: 530-898-0533
halobreastcare.com



**Breast Imaging
Center of Excellence**

☐ Screening Mammogram:

Patient without abnormality of the breast. Appropriate for dense tissue to include diagnostic mammogram and/or breast ultrasound when indicated.

☐ Screening Breast Ultrasound:

Adjunct to annual screening mammography in women with dense breast tissue. May not be a covered benefit.

☐ Diagnostic Mammogram:

- ☐ Right ☐ Left ☐ Bilateral
- ☐ Abnormal Prior Study (Callback)
- ☐ Palpable Mass ☐ Focal Pain
- ☐ Short-Term Follow-Up (<1 year)
- ☐ Nipple Discharge ☐ Skin or Nipple Change

Patient WITH an abnormality of the breast, indicate area below (Ultrasound when indicated):

Please describe areas of concern and mark on the picture below:

☐ Diagnostic Breast Ultrasound ONLY:

- ☐ Right ☐ Left ☐ Bilateral

☐ Breast Biopsy

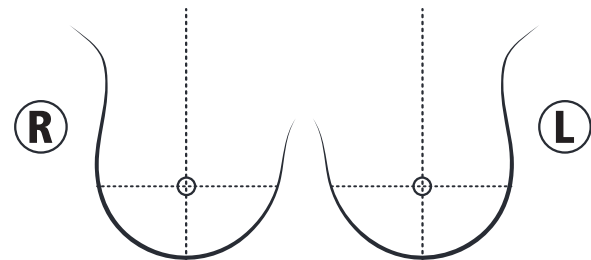
- ☐ **Breast Biopsy**, to include post-biopsy diagnostic mammogram and radiological surgical specimen.
- ☐ **Needle Localization of Clip**, to include mammogram to assess wire placement.
- ☐ **Ductogram** ☐ Right ☐ Left ☐ Bilateral
- ☐ **Needle Aspiration**

☐ Breast MRI:

- ☐ Right ☐ Left ☐ Bilateral
- ☐ with & w/out Contrast ☐ w/out Contrast (Implant Evaluation)
- ☐ MRI Guided Biopsy

☐ HALO Hereditary Cancer Gene Panel

Test descriptor and intended/appropriate use: The HALO Hereditary Cancer Gene Panel is a comprehensive analysis of 23 genes (APC, ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, and TP53) associated with hereditary cancer predisposition and is intended to be used for patients who are at increased risk for a pathogenic variant based upon personal or family history of cancer.



☐ DEXA Bone Density

☐ DEXA Bone Density with VFA

(Vertebral Fracture Assessment)

☐ DEXA Whole Body Composition

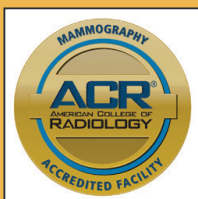
(Cash Pay)

***By signing order, referring physician agrees to any further testing & imaging that is indicated by radiologist.**

Referring Provider Name (Please Print): _____ Date: _____

Referring Provider Signature: X _____ CC: _____

Please FAX Form to: 530-898-0533 • Important patient information on back.



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PATIENT INSTRUCTIONS

- On day of exam, please do not use deodorants, lotions, powders around the breast or perfumes. (These may show up on your mammogram).
- Please wear a two piece outfit, if possible.
- For the most accurate interpretation of your upcoming mammogram, it is very important to have your prior studies to compare. Not having your priors at the time of your exam may delay your results. *If you have not been seen at HALO Breast Care Center, Chico Breast Care Center, or North State Imaging for your previous screenings, please call our center so that we can request images on your behalf at 530-898-0500.*

For questions, please call our center at 530-898-0500.
To pre-register for exams, to get results and other information,
please register and log in to our patient portal at
www.halobreastcare.com/patient-portal/

**Building located on Esplanade
between East 7th Ave. & 8th Ave.**



Excellence in Imaging