

Appointment Date:

Call Patient to schedule

Exam Time:

Insurance Authorization #

SPR to Request

PATIENT LABEL HERE

Providing digital mammography services at outpatient imaging centers

Patient Information

PATIENT NAME	DATE OF BIRTH	ID/MRN
CELL PHONE	HOME PHONE	WORK PHONE
INSURANCE COMPANY	POLICY #/GROUP	
CLINICAL HISTORY		
DIAGNOSIS/ORDER		
PREVIOUS FILMS?	RESULTS CHECK ALL THAT APPLY	MRI SAFE?
	<input type="checkbox"/> Films <input type="checkbox"/> CD <input type="checkbox"/> Read & Call <input type="checkbox"/> Patient to Hand Carry	

Physician Information

REFERRING PHYSICIAN	OFFICE PHONE	OFFICE FAX
PHYSICIAN SIGNATURE (REQUIRED)	PRACTICE NAME/CLINIC	
NATIONAL PHYSICIAN ID #	SPECIAL INSTRUCTIONS	
INSTRUCTIONS / NOTES		

Clinical Examination Details

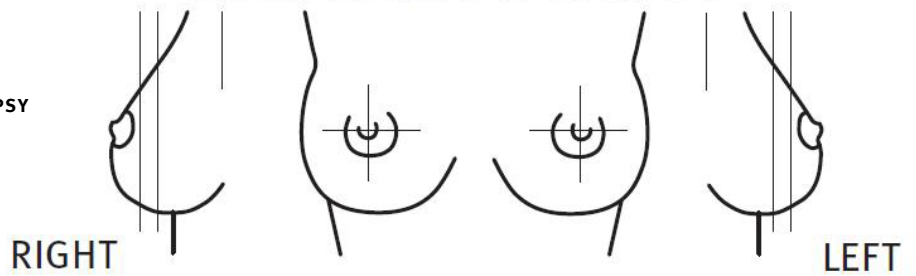
DIAGNOSTIC MAMMOGRAM OR POSSIBLE US OR BIOPSY
LEFT RIGHT BILATERAL

ULTRASOUND OR POSSIBLE DIAGNOSTIC MAMMO OR BIOPSY
LEFT RIGHT BILATERAL

ULTRASOUND GUIDED CYST ASPIRATION OR CORE BIOPSY
LEFT RIGHT BILATERAL

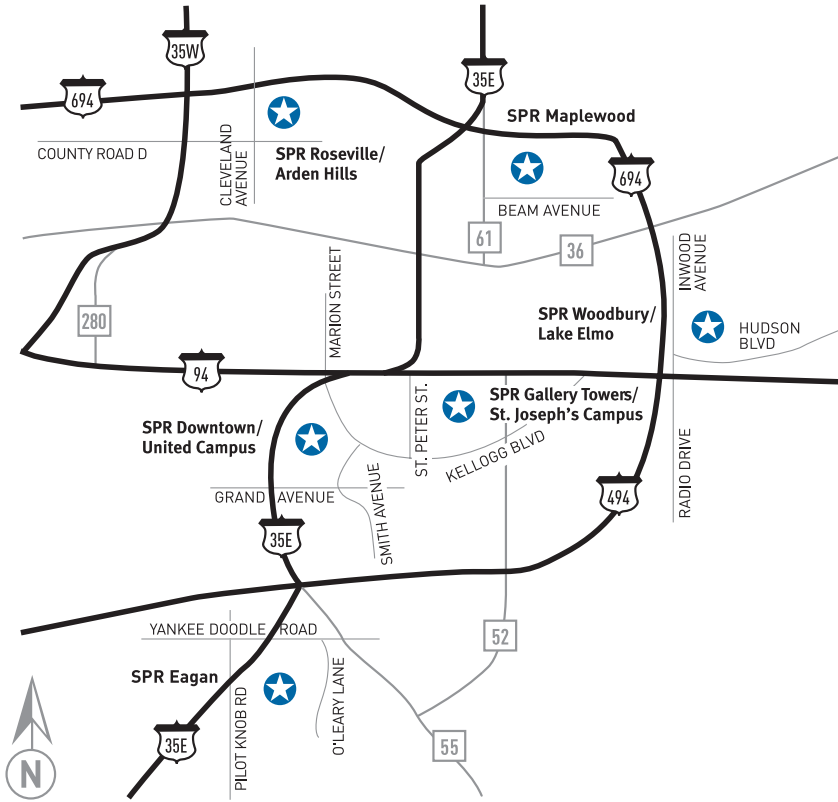
BREAST MRI

SHOW LOCATION OF MASS

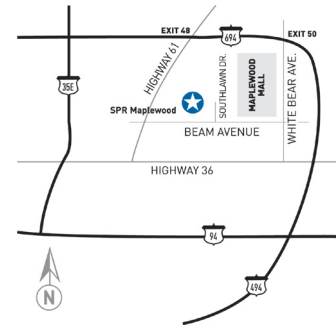


SIZE OF MOST IMPORTANT MASS (CM)	RIGHT	CM
	LEFT	CM

St. Paul Radiology Locations



Breast MRI Locations



SPR-Downtown/United Campus
250 Thompson Street
St. Paul, MN 55102



SPR-Maplewood
1723-A Beam Avenue
Maplewood, MN 55109

	Downtown	Eagan	Gallery Towers	Maplewood	Roseville	Woodbury
Clinic Hours:	7am-10pm	7am-7pm	7am-10pm	7am-10pm	7am-10pm	7am-7pm
Sat Hours:	8am-3pm	Closed	Closed	Closed	7am-7pm	Closed
MRI	○	○	○	○		○
Open MRI					○	
CT	○	○	○	○	○	○
Ultrasound	○	○	○	○	○	
PET/CT	○			○		
Bone Density				○	○	
Mammography		○		○	○	
Pain Mgmt	○	○	○			○
Health Scan	○	○	○	○		
Sedation	○					
Interventional			○			
Vein Center		○				
X-Ray	○	○	○	○	○	○

SCHEDULING

(T) 651.632.5700

(F) 651.632.5701

stpaulradiology.com

MAIN OFFICE

166 4th Street East
St. Paul, MN 55101-1421

ADMINISTRATION

(T) 651.292.2000
(F) 651.292.2192

BILLING

(T) 651.767.1400
(F) 651.297.6499

MEDICAL RECORDS

(T) 651.602.7220
(F) 651.292.2193