

# OVERLAKE MEDICAL CENTER – BREAST HEALTH

**Breast Diagnostic & Screening Center**  
1135 116th Ave NE, Suite 240  
Bellevue WA 98004

**Breast Screening Center**  
1740 NW Maple St, Suite 207  
Issaquah, WA 98027

**Phone: 425.688.5985**

**Fax: 425.233.6294**

## PATIENT INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Insurance Carrier & ID#:** \_\_\_\_\_

Please check either:

*Screening Mammogram* OR *Diagnostic*

**Screening Mammogram**

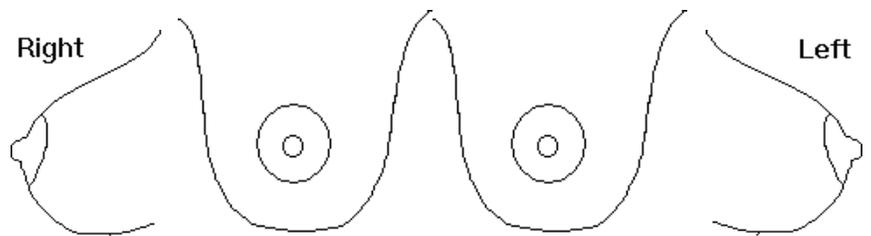
No symptoms or clinical findings in either breast (referral not needed).

**Diagnostic**

**REQUIRED CLINICAL INFORMATION**  
**ICD-10 CODE REQUIRED (SEE BELOW)**

- Dominant lump (see anatomical area)
- Personal history of breast cancer
- Persistent and focal pain (patient can point to area of pain and pain is not cyclic in nature)
- Skin dimpling/nipple retraction
- Mastitis
- Axillary lymphadenopathy
- Implants/augmentation problem
- Follow-up previous diagnostic breast imaging
- Other: \_\_\_\_\_

**Please Indicate Area(s) of Concern:**



Distance from nipple: \_\_\_\_\_ cm      Size: \_\_\_\_\_ cm

**Diagnostic Evaluation**

Diagnostic imaging evaluation for breast problem. May include the following:  
Mammography, ultrasound, cyst aspiration, percutaneous core needle biopsy or galactography.

**Breast MRI**

**Other:** \_\_\_\_\_

## REFERRING PROVIDER INFORMATION

**Physician Name (Please Print):** \_\_\_\_\_ **Office Contact:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

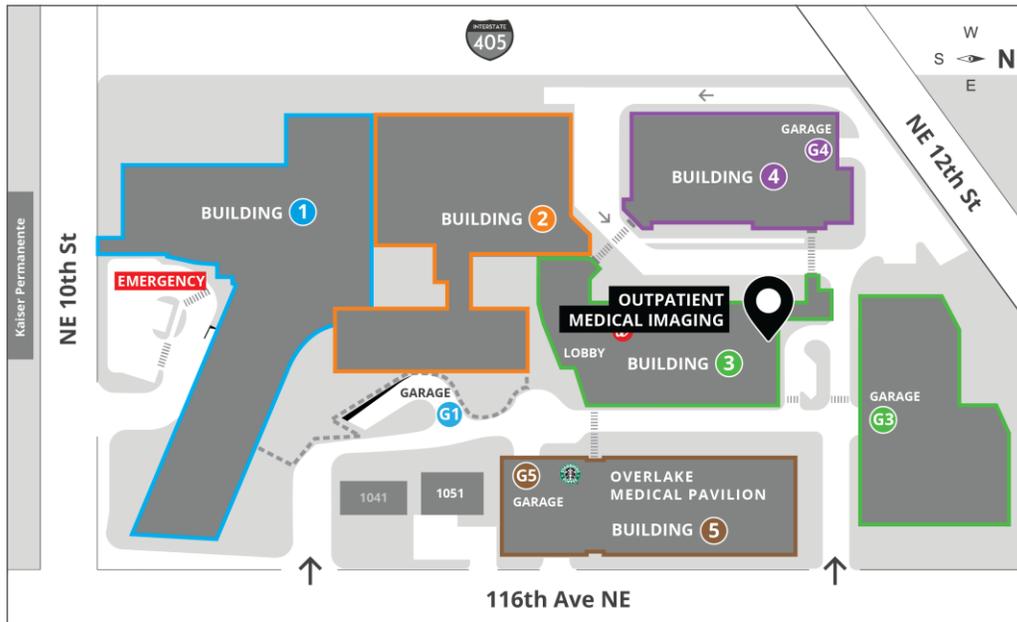
**ICD-10 CODE(s):** \_\_\_\_\_ **Description:** \_\_\_\_\_

**Please arrive 15 minutes (unless otherwise instructed) before your exam and bring this referral form and your parking ticket with you. Please note validation is not available for the Overlake Medical Pavilion (Garage 5).**

### **Overlake Breast Health Center – Diagnostic & Screening (Building 3)**

Address: 1135 116th Ave NE, Bellevue, WA 98004

Located in the Overlake Cancer Center, Suite 240. Please park in Garage 3 (North Garage). Take the elevator to street level. Please remember to bring your parking ticket for validation.



### **Overlake Breast Health Center – Screening (Highmark Medical Center)**

Address: 1740 NW Maple St, Suite 207, Issaquah, WA 98027

Parking is free both undercover and surface lot parking is available for patient use. There are undercover, reserved parking stalls available for Overlake patients on the south side of the building.

