Ultrasound Guided Breast Biopsy

In the patient’s mammography report, it has been recommended that your patient receive an Ultrasound guided breast biopsy. It is the responsibility of the ordering physician’s office to contact the patient to provide them with the results of their mammogram and/or ultrasound procedure. Following the guidelines below will ensure continuity of care. Incomplete referrals can result in delay in patient care.

For those patients who had their mammogram done at a facility other than ARMC, those images must be brought in and reviewed prior to scheduling the patient for her biopsy. In order to not delay the patients care, it is preferred that the images be hand carried to our department. Drop them off at the Medical Imaging Desk; please write the patient’s name, date of birth and write “BREAST BIOPSY” on the front of the envelope.

For questions, you may contact Dina at (909) 580-1566, between the hours of 8:00 a.m. and 4:30 p.m.

1) Fax a complete referral to the Interventional Radiology Department at (909) 580-2460.
   a) Patient Information*
   b) Procedure requested (see report)
   c) Diagnosis/Reason (see report)
   d) Follow up appointment date and time, for results.
   e) Doctor’s signature and printed name
   f) Attach a copy of the authorization, if necessary
   • Authorization must include the applicable CPT codes for a single unilateral biopsy:
     ▪ Ultrasound Guided  76942
     ▪ Single Lesion  19103
     ▪ Clip Placement  19295
     ▪ Digital Mammogram  G0206
   g) Attach copy of the Bi rad 4 or 5 report

*If the patient is taking Aspirin, Coumadin, Heparin, Lovenox, Plavix or NSAID’s, please call Dina at (909) 580-1566 for further instructions.