



PATIENT NAME : \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
TODAYS DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PATIENTS PHONE : (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### Consultation & Evaluation

- Brighton (Main office)  Watertown
- Diagnostic Appointment, mammogram included if necessary (reason/symptom required from list below)

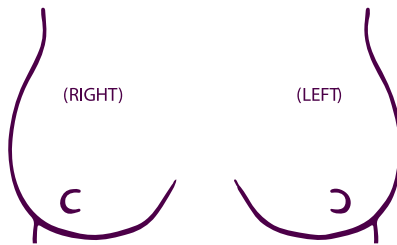
This script is specifically required for Diagnostic Appointments and Dexa scans only

SYMPTOM:

- Pain
- Swelling
- Lump / Thickening
- Calcifications
- Discharge
- Other: \_\_\_\_\_

LOCATION :

- Right  Left
- \_\_\_\_\_ o'clock



- Second Opinion
- Genetic Counseling

### Request for Services Needed

- MRI— Brighton
- Screening mammogram — ALL OFFICES
- Screening ultrasound for breast density — ALL OFFICES
- Bone densitometry scan with TBS (trabecular bone score) — ALL OFFICES  TBS only
- Genetic Testing  Brighton (in person)  Teleconference

- Brighton
- Batavia
- Geneseo
- Greece
- Victor
- Watertown
- Webster

### Referring M.D. Signature

X \_\_\_\_\_  
(referring M.D. signature)

\_\_\_\_\_ (please print referring M.D. name)

### Patient Portal & Patient Connect App

EWBC has a patient portal and an app to fill out the health history form, saving time. The information will be saved and only need to be updated before each appointment. Select PATIENT PORTAL at ewbc.com OR search "EWBC Patient Connect" in your App store.

### What to bring to your appointment:

Your current insurance card | List of your current medications | Photo I.D. | Any insurance co-payment or deductible  
Medical history form (if not completed or updated on EWBC Portal at portal.ewbc.com)

Depending on your insurance coverage, additional diagnostic views or tests may result in out-of-pocket expenses to you due to deductibles, co-insurance and/or co-pays. Every insurance policy is different – please consult with your insurance company to determine if your diagnostic tests will be covered.

**IMPORTANT NOTICE: Co-Payments and Deductibles:** An additional fee of \$50 will apply for co-payments and deductibles not received at the time of service. **Cancellation Policy:** Cancellations made with less than 24 hours' notice will incur a \$50 fee. For MRI services, the fee will be \$200 **Missed Appointments:** If more than two appointments are missed without prior notice within a two-year period, our office reserves the right to decline further scheduling.