

Mammography Order Form



Seeing Beyond - Healing the Whole Person.

Referring Physician: _____ Physician NPI: _____ Signature: _____

Physician Fax: _____ Physician Phone: _____ Date: _____ Authorization #: _____

Primary Insurance: _____ Medical Group Name: _____

PATIENT INFORMATION

Patient Name: _____ Date: _____

Phone: _____ Birthdate: _____

Previous Mammogram(s) Year(s): _____ Location(s): _____

Diagnosis (Dx): _____

- Breastfeeding
- Pregnant
- Breast Implants
 - Saline
 - Silicone

BREAST EXAMINATION REQUEST

- 77067 Screening Mammo + 77063 3D Tomosynthesis
- 77065 Diagnostic Unilateral Mammo + G0279 3D Tomosynthesis
- 77066 Diagnostic Bilateral Mammo+ G0279 3D Tomosynthesis
- 76641 Breast Ultrasound Bilateral
- 76642 Breast Ultrasound Unilateral

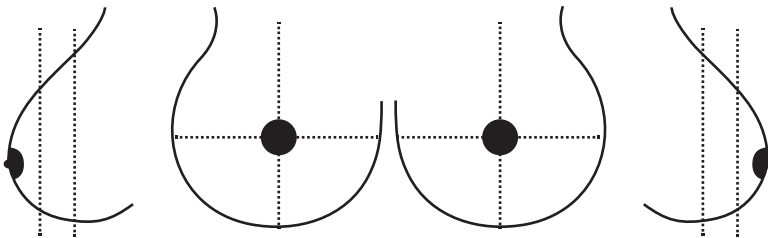
Select Reason for Procedure

- Breast Mass
- Breast Cyst
- Abnormal Mammogram
- Family History of Breast Cancer
- Breast Pain
- Nipple Discharge:
- Personal History of Breast Cancer
- Other

Side R or L or B

(within 5 years of diagnosis)

MARK SITES OF CONCERN



Intervention

Procedures may include the following as clinically indicated by diagnostic studies:

- Cyst aspiration
- Fine needle aspiration biopsy
- Ultrasound-guided core biopsy
- Stereo-guided core biopsy
- Wire localization for surgical biopsy
- Ductogram

BONE DENSITY REQUEST

- Bone density test: Hip and Spine.

Select Reason for Procedure

- Osteopenia M85.89
- Long-term, current hormonal contraceptives Z79.3
- Other
- Osteoporosis M81.0
- Unspecified menopausal or premenopausal N95.9
- Asymptomatic menopausal site Z78.0
- Other specified menopausal or premenopausal N95.8

REFERRING PHYSICIAN

Referring Physician Name(please print) _____

Facility: _____ NPI Number: _____

Phone: _____ Fax: _____

Referring Physician Signature(required) _____

*Physician authorization may also be required.

PATIENT INSTRUCTIONS

Please allow one (1) hour
for your mammogram appointment

1. Do not wear lotions, powders or deodorants on the day of your appointment.
2. Please wear two-piece clothing for convenience and comfort.
3. For a biopsy, please do not take any aspirin or Advil for at least seven (7) days before your appointment.
4. For bone density testing, please do not wear any metal, i.e. zippers or buttons.
5. Please do not bring a child who requires supervision while you are being examined.
6. Please bring the following with you to your appointment:
 - This referral form from your physician.
 - The dates of your last menstrual period, or year of hysterectomy (_____).
 - Prior images and reports from the two most recent mammograms and/or ultrasounds for comparison purposes, or the address and phone number of the facility where they can be obtained. (This will allow The Rose to quickly compare to your new digital images). Your results may be delayed if we must wait for your prior images and reports to arrive. **Prior images and reports are mandatory for diagnostic appointments.**
 - Any prior bone density test results, or the address and phone number of the facility, or physician, where they can be obtained.

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