

WOMEN'S WELLNESS PLACE
BREAST IMAGING ORDER FORM

Please bring this order with you on the day of your exam. It is essential that we have it to complete your test accurately and in a timely manner. We appreciate you arriving 15 minutes prior to your appointment. Thank you.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_ [ ] am [ ] pm

SCREENING MAMMOGRAM McLaren Port Huron offers both 2D Conventional Imaging (77067) and 3D Tomosynthesis Imaging (77063) which is a supplement to 2D mammography. Patients may choose to have 3D Tomosynthesis included. \*

[ ] Screening Mammogram Implants Yes [ ] No [ ]

[ ] Baseline Screening First Mammogram (without symptoms) Mastectomy Right [ ] Left [ ]

CODES: [ ] Z12.31 Screening Mammogram for Breast Cancer or [ ] Z80.3 Family History of Breast Cancer

DIAGNOSTIC BREAST IMAGING 3D Tomosynthesis imaging is our standard protocol for diagnostic mammograms.\* However, patients do have the right to choose 2D imaging.

[ ] Diagnostic Mammogram [ ] Bilateral 2D Conventional Imaging (77066)/3D Tomosynthesis Imaging (77062)
[ ] Unilateral [ ] R [ ] L 2D Conventional Imaging (77065)/3D Tomosynthesis Imaging (77061)

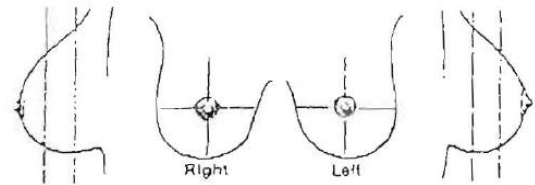
[ ] Baseline Diagnostic - First Mammo (with symptoms) Implants Yes [ ] No [ ]

[ ] Breast Ultrasound (76641) [ ] R [ ] L [ ] Bilateral [ ] Complete [ ] Limited

CODES: [ ] R92.8 Abnormal Mammogram [within last 3 years] [ ] R92.0 Mammogram Microcalcifications
[ ] Z85.3 Personal History of Breast Cancer [ ] N63 Breast Lump/Mass
[ ] N64.52 Breast Discharge/Other [ ] N60.09 Breast Cyst
Specify Symptoms \_\_\_\_\_
[ ] N64.4 Breast Pain/Soreness

Please use diagram to demonstrate any clinical findings and areas of concern.

Blank lines for clinical notes.



BREAST INTERVENTIONAL PROCEDURES [ ] Per Radiologist Recommendation

[ ] Ultrasound Guided Core Biopsy (19083) [ ] R [ ] L
[ ] Ultrasound Guided Cyst Aspiration (19000/76942) [ ] R [ ] L
[ ] Stereotactic Core Biopsy (19081) [ ] R [ ] L
[ ] Breast MRI Bilateral (77049) (C8908) [ ] R92.8 Abnormal Mammogram
[ ] Breast MRI Unilateral (77048) (C8905) [ ] R [ ] L [ ] Z85.3 History of Breast Cancer
[ ] MRI Guided Breast Biopsy (19085) [ ] R [ ] L [ ] N63 Breast Lump/Mass
[ ] R68.89 Abnormal Clinical Findings

The Breast MRI and MRI guided breast biopsy is done in the MRI department (810) 989-3292, not Women's Wellness Place

[ ] Bone Density (77080)

CODES: [ ] Z78.0 Post-menopausal without HRT [ ] E21.3 Hyperparathyroidism [ ] Z79.52 Chronic steroid use
[ ] N95.1 Post menopausal symptoms [ ] M85.88 Other Disorder of Bone Density [ ] M81.0 Known osteoporosis