MCLAREN BAY REGION
DIAGNOSTIC CENTER FOR WOMEN

3175 W. PROFESSIONAL DRIVE, BAY CITY, MICHIGAN 48706
PHONE (989) 667 6350 **FAX** (989) 667 6359

ORDER FORM

PATIENT NAME:	DOB:
APPOINTMENT DATE/TIME:	DIAGNOSIS/REASON FOR EXAM:

PATIENT INSTRUCTIONS

1. PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT IN ORDER TO AVOID ANY POSSIBLE DELAY.
2. PLEASE ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT TIME FOR REGISTRATION.
3. **FOR MAMMOGRAMS:** DO NOT USE DEODORANT, LOTION, OR POWDER THE DAY OF YOUR MAMMOGRAM.

ORDERS AND DIAGNOSIS

Mammography

	CPT
☐ Bilateral Screen (see also high risk below)	G0202
☐ Bilateral Diagnostic	G0204
☐ Uni. R Diagnostic	G0206RT
☐ Uni. L Diagnostic	G0206LT
☐ Uni. R Screen BRCA>5yr	G0202RT52
☐ Uni. L Screen BRCA>5yr	G0202LT52

Diagnosis _____

Breast Ultrasound

☐ Bilateral	76645
☐ Uni. Right	76645
☐ Uni. Left	76645

Diagnosis _____

Needle Placement

☐ Right	77032RT
☐ Left	77032LT

Diagnosis _____

Ductogram/Galactogram

☐ Right	77053RT
☐ Left	77053LT
☐ Multi Right	77054RT
☐ Multi Left	77054LT

Diagnosis _____

Fine Needle Aspiration

☐ Right	10022
☐ Left	10022

Diagnosis _____

Stereotactic Biopsy

☐ Right	77031RT
☐ Left	77031LT
☐ Bilateral	77031

Diagnosis _____

Ultrasound Guided Core Biopsy

☐ Right	76942RT
☐ Left	76942LT
☐ Bilateral	

Diagnosis _____

DEXA/Bone Density Scan

☐ Standard (Spine L1-L4 and hip)
☐ Forearm

Diagnosis:

___ Osteoporosis, drug inducted
___ Osteoporosis, unspecified
___ Cushing's syndrome
___ Disorder of bone and cartilage, unspecified
___ Osteopenia
___ Asymptomatic Postmenopausal

Additional information for the Radiologist:

Right Breast Left Breast

☐ **High Risk Evaluation Clinic for Breast Cancer**

We are pleased to offer immediate reads of digital screening mammograms and evaluation by a surgical breast specialist for high risk patients. This may include women with a previous diagnosis of breast cancer unless this is performed for additional workup which should be ordered as diagnostic imaging above.

Please indicate what qualifies this patient for high risk screening (patient must meet at least 1 criteria)

___ Previous history of breast cancer ___ I st degree, family history of breast cancer ___ History of breast biopsy ___ Genetic mutation in family
___ Gail Model revealing I .5x average 5-year risk

CALL (989) 667 6350 TO SCHEDULE THIS HIGH RISK SERVICE

HIGH RISK CLINIC MAMMOGRAM APPOINTMENT _____

HIGH RISK CLINIC SURGICAL BREAST SPECIALIST APPOINTMENT _____
(appointments for high risk clinic must be on the same day)

☐ **Check here if the patient is already being followed by a Surgeon or otherwise does not wish to see the Breast Surgeon.**

Ordering Physician	Signature (required)	Copy of reports to:

ADDRESSOGRAPH

100B

ORDER FORM