

**McLaren Print System Order**

Order No: 50821  
 Order Date: 2019-12-05  
 User: Carrie Wheeler  
 Phone: 248-922-6813

Ship Location: McLaren Breast Center  
 5701 Bow Pointe Drive, Suite 110  
 CLARKSTON, MI 48346

Forms  
 Quantity: 2500  
 Paragon Dept No: 8387  
 Dept Name: McLaren Oakland  
 Company Number: 310

Order Total Price: 88.00

Item Number: M-22016-C  
 Item Description: Clarkston Breast Center Order  
 Revision Date: 6/2018  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: Padded (50 Sheets Per Pad)  
 Drill: None  
 Misc Info:

**MAMMOGRAPHY ORDER FORM**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Patient Phone Number: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
**Physician Signature (Mandatory)** \_\_\_\_\_  
 Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_  
 Previous Mammogram:  Yes  No if yes, where: \_\_\_\_\_

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**Screening Mammogram (Asymptomatic):**  
 2D Mammogram  
 3D Mammogram *See note on reverse of mammogram*

**Diagnostic Mammogram (Symptomatic)\*\*\*:**  
*(with Ultrasound if needed)*  
 2D Bilateral Diagnostic  
 2D Unilateral Diagnostic  Right  Left  
 3D Bilateral Diagnostic  
 3D Unilateral Diagnostic  Right  Left

**Diagnostic Ultrasound (Symptomatic)\*\*\*\*:**  
*(with Mammogram if needed)*  
 Bilateral Diagnostic Complete  
 Bilateral Diagnostic Limited  
 Unilateral Diagnostic Complete  Right  Left  
 Unilateral Diagnostic Limited  Right  Left

\*\*\*Please indicate symptom(s) for Diagnostic:  
 History of Breast Cancer  
 Nipple Discharge/Discoloration  
 Palpable Lump or Mass  
 Skin Dimpling or Thickening  
 Breast Pain or Tenderness  
 Calcifications  
 Abnormal Mammogram/Additional View  
 Short Term Follow up  
 Other \_\_\_\_\_

\*\*\*\*Attention Ordering Physician(s) \*\*\*\*  
 Check here if any additional diagnostic studies and/or procedures listed below were performed under the direction of the Radiologist prompted by an abnormal screening mammogram.

Please check below if you want one or more of the following studies and/or procedures only:  
 Additional Diagnostic Images and Ultrasound  
 Breast Ultrasound Guided Biopsy  Right  Left  
 Breast Stereotactic Biopsy  Right  Left  
 Breast Cyst Aspiration  Right  Left  
 Galactogram  Right  Left  
 Needle Localization  Right  Left

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**Bone Density (DEXA Scan):**  
 Diagnostic: \_\_\_\_\_  
 Reason for DEXA:  Post-Menopausal  Osteoporosis  
 Date of last DEXA: \_\_\_\_\_  
 Location of last DEXA: \_\_\_\_\_

Please wear loose comfortable clothing with no metal snaps or zippers.

**Thank you for your Referral!**  
 McLaren Breast Center  
 5701 Bow Pointe Dr., Suite 110  
 Clarkston, MI 48346  
 P: 248-922-6818  
 F: 248-922-6813

*Do the day of your mammogram appointment, please do not use powder, lotion, or wear deodorant.*

\*The CPT code for 2D screening is 77067 with the additional CPT code of 77062 for 3D technology.  
 \*\*The CPT code for a 2D diagnostic study is 77064 with the additional CPT code of 00279 for 3D diagnostic technology.

**Spec Info:**