



**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: \_\_\_\_\_

\*\*\*\*\*

**Screening Mammogram (Asymptomatic):**

- 2D Mammogram
- 3D Mammogram *(may not be covered by all insurance(s))*

**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: \_\_\_\_\_

Comment(s):  
\_\_\_\_\_  
\_\_\_\_\_

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

**\*\*\*Attention Ordering Physician(s)\*\*\***

***Check here if any additional Diagnostic studies  
and/or procedures listed below may be performed  
under the discretion 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):**

Diagnosis: \_\_\_\_\_  
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 255  
Clarkston, MI 48346  
P: 248-922-6810  
F: 248-922-6811**

*\*The CPT code for 2D screening is 77067 with the additional CPT code of 77063 for 3D technology.*

*\*\*The CPT code for a 2D diagnostic study is 77066 with the additional CPT code of G0279 for 3D diagnostic technology.*