

McLaren Print System Order

Order No: 71917
Order Date: 2022-08-25
User: Carrie Wheeler
Phone: 248-922-6813

Ship Location: McLaren Breast Center-Carrie Wheeler
5701 Bow Pointe Drive, Suite 255
Clarkston, MI 48346

Forms

Quantity: 1000
Paragon Dept No: 27245-2280
Dept Name: Breast Center
Company Number: 310

Order Total Price: 33.50

Item Number: M-20016-C
Item Description: Mammography Order Form
Revision Date: 08/2022
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Padded (100 Sheets Per Pad)
Drill: None
Poster:
Misc Info: SS; BLACK; BOND PAPER

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
- Spec Info: 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

 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
Phone: 248-922-6810
Fax: 248-922-6811

McLaren Oakland Central Scheduling
Phone: 800-625-2736
Fax: 810-600-7864

*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.