

Please bring this order with you on the day of your exam. Please contact your insurance plan prior to your appointment to determine coverage, deductibles or out of pocket expenses; insurance codes are included below. Thank you.

Patient Name _____ Date of Birth _____

Physician _____ Date _____ Appointment Date/Time: _____

Physician Signature (not valid without signature): _____

Attention Providers:

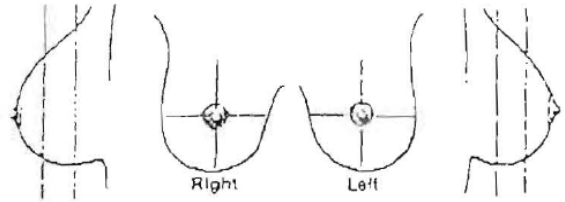
- Please check this box to allow a patient who presents to their screening mammogram appointment with any of the diagnostic symptoms below to proceed with a diagnostic examination.
- Check this box to allow additional breast imaging studies/procedures at the discretion of the radiologist.

- SCREENING MAMMOGRAM** 2D Screening (CPT 77067) 3D Screening (CPT 77067 and 77063)
ICD 10 CODE: Z12.31 Screening Mammogram for Breast Cancer
- Baseline (First Mammogram, no symptoms) Implants Mastectomy: Right Left

DIAGNOSTIC BREAST IMAGING To follow best practice we recommend that patients presenting with breast concerns be imaged with 3D mammography to better evaluate the breast tissue. Patients 30 years and older with breast concerns should begin with mammography imaging while patients under 30, pregnant or as a follow up to an abnormal ultrasound may be scheduled for a breast ultrasound only.

- 3D DIAGNOSTIC MAMMOGRAM** Bilateral 77066/77062 Right 77065/77061 Left 77065/77061
- 2D DIAGNOSTIC MAMMOGRAM** Bilateral 77066 Right 77065 Left 77065
- Baseline (First Mammogram, patient has symptoms) Implants Mastectomy: Right Left
- BREAST ULTRASOUND** Bilateral Right Left (Limited 76642 OR Complete 76641)
- CODES:** R92.8 Abnormal Mammogram N63 New, Changing or Concerning Palpable Finding (Breast Lump/Mass)
- Z85.3 Personal History of Breast Cancer N64.52 Bloody/Serous Nipple Discharge
- R68.89 Abnormal Clinical Finding: specify _____ N64.4 New Focal Persistent Breast Pain

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



BREAST INTERVENTIONAL PROCEDURES

Per Radiologist Recommendation

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

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

BONE DENSITY (CPT 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