

McLaren Print System Order

Order No: 85971
Order Date: 2024-06-04
Order Request Date:
User: Carrie Wheeler
Phone: 248-922-6813

Ship Location: McLaren Breast Center
5701 Bow Pointe Drive Suite 2255
Clarkston, mi 48346

Brochures
Quantity: 500
Paragon Dept No: 27245-2280
Dept Name: McLaren Breast Center
Company Number:

Order Total Price: 19.25

Item Number: M-20016-C
Item Description: Mammography Order Form
Revision Date: 08/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Padded (50 Sheets Per Pad)
Drill: None
Poster:
Misc Info: SS; BLACK; BOND PAPER



MAMMOGRAPHY ORDER FORM

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

Screening Mammogram (Asymptomatic):
 2D Mammogram
 2D Mammogram (may not be covered by insurance)

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 Diagnosis:
 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 may be 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 Core Aspirations 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.

Comments: _____

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



Thank you for your Referral!
McLaren Breast Center
5701 Bow Pointe Dr.
Suite - 205 - Clarkston, MI 48346
Phone: 248-922-6810
Fax: 248-922-6811
Phone: 800-625-2736
Fax: 810-600-7564

Spec Info: Please send as soon as possible. Thank you
**The CPT code for a 2D diagnostic study is 76094 with the additional CPT code of 76095 for 3D diagnostic technology.