

PROVIDER NAME: _____ **Signature:** _____

Phone: _____ **Fax:** _____ **Date:** _____

PATIENT NAME: _____ **Date of Birth:** _____ **Phone:** _____

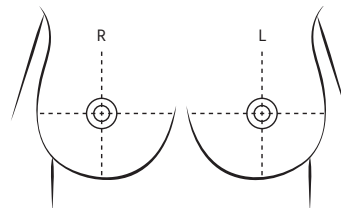
(or attach patient label)
Please include patient facesheet

PRIOR MAMMOGRAM: **City:** _____ **State:** _____ **Institution:** _____

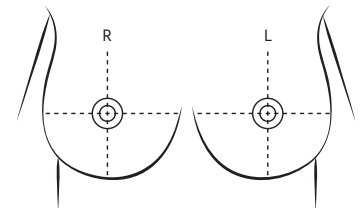
REASON FOR EXAM (SELECT ALL THAT APPLY)

- Screening (for mammogram only, Z12.31)
- Abnormal mammogram (R92.2)
- Dense breast tissue (N64.59)
- Personal history of breast cancer (Z85.3)
- Family history of breast cancer (Z80.3)
- Fibrocystic changes (N64.59)
- Nipple discharge (N65.52)
- Other abnormal and inconclusive findings on diagnostic imaging of breast
- Other ICD-10 code: _____

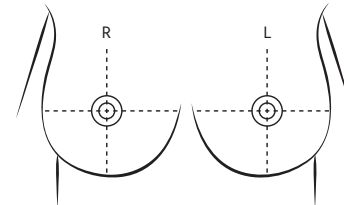
Breast pain (N64.4)



Breast lump (N63.0)



Other signs and symptoms in breast (N64.59)



SUPER ORDER/COMPLETE BREAST IMAGING WORKUP (N64.59)

Diagnostic workup per radiologist: Screening or diagnostic mammogram, ultrasound, ultrasound needle biopsy, diagnostic mammogram with contrast enhancement and/or stereotactic biopsy, as indicated

Bilateral Left Right

BREAST SCREENING EXAMINATIONS | ASYMPTOMATIC PATIENT

| | | | |
|--|------|-------|-----------|
| Screening mammogram with 3D tomosynthesis | Left | Right | Bilateral |
| Screening breast ultrasound (reason for exam required) | Left | Right | Bilateral |

BREAST DIAGNOSTIC EXAMINATIONS

| | | | |
|--|------|-------|-----------|
| Diagnostic mammogram with 3D tomosynthesis and possible ultrasound (as needed) | Left | Right | Bilateral |
| Diagnostic mammogram with 3D tomosynthesis | Left | Right | Bilateral |
| Diagnostic mammogram with 3D tomosynthesis with contrast enhancement | Left | Right | Bilateral |
| Ultrasound breast (to include axilla as needed) | Left | Right | Bilateral |
| Ultrasound Axilla | Left | Right | Bilateral |

BIOPSY

| | | | |
|--|------|-------|-----------|
| Ultrasound-guided breast biopsy | Left | Right | Bilateral |
| Stereotactic breast biopsy | Left | Right | Bilateral |
| Localization (US guided or Mammo guided determined by Rad) | Left | Right | Bilateral |

Magseed Wire