

PROVIDER NAME: _____ Signature: _____

Phone: _____ Fax: _____ Date: _____

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

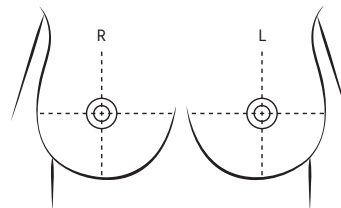
(or attach patient label)
Please include patient facesheet

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

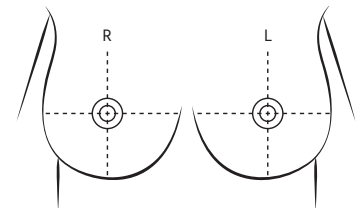
REASON FOR EXAM (SELECT ALL THAT APPLY)

- Screening (for mammogram only, Z12.31)
- Abnormal mammogram (R92.2)
- Dense breast tissue (R92.30)
- Personal history of breast cancer (Z85.3)
- Family history of breast cancer (Z80.3)
- Fibrocystic changes (N60.3)
- Nipple discharge (N64.52)
- Other abnormal and inconclusive findings on diagnostic imaging of breast (N64.59)
- Other ICD-10 code: _____

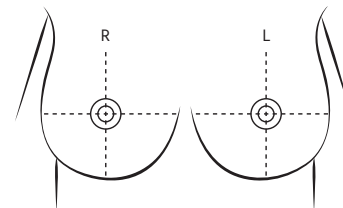
Breast pain (N64.4)



Breast lump (N63.0)



Other signs and symptoms in breast (N64.59)



SUPER ORDER/COMPLETE BREAST IMAGING WORKUP

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