

MAMMOGRAPHY ORDER FORM

SCREENING MAMMOGRAM

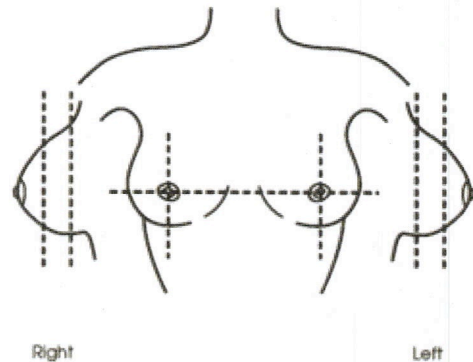
Please Check: ☐ Bilateral ☐ Right ☐ Left

- ☐ Baseline Mammogram.....Z12.31
☐ Asymptomatic/Routine Exam.....Z12.31

DIAGNOSTIC MAMMOGRAM

Please Check: ☐ Bilateral ☐ Right ☐ Left

- ☐ Palpable Lump or Mass.....N63
☐ History of Breast Cancer.....Z85.3
☐ Breast Pain or Tenderness.....N64.4
☐ Nipple Discharge.....N64.52
☐ Skin Dimpling or Thickening.....N64.59
☐ Abnormal Mammogram.....R92.8
☐ Other _____



WHOLE BREAST SCREENING ULTRASOUND (ABUS)

Please Check: ☐ Bilateral ☐ Right ☐ Left

- ☐ Dense Breast Tissue on Mammogram...R92.2
☐ Screening other than Mammogram.....Z12.39

DIAGNOSTIC BREAST ULTRASOUND

Please Check: ☐ Bilateral ☐ Right ☐ Left

- ☐ Palpable Lump or Mass.....N63
☐ Other _____

BONE DENSITY(DXA) ☐ / TRABECULAR BONE SCORE(TBS)

- ☐ Postmenopausal.....Z78.0
☐ Screening for Osteoporosis.....Z12.820

BODY COMPOSITION ANALYSIS ☐

- ☐ I authorize facility to complete additional diagnostic studies as indicated
☐ Call my office prior to performing additional testing

Patient Name: _____ Patient DOB: _____

Patient Phone: _____

Referring Physician: _____ Phone: _____

Email: _____ Fax: _____

Results preferred via: ☐ Fax ☐ Email ☐ Phone

Physician Signature: _____ Date: _____