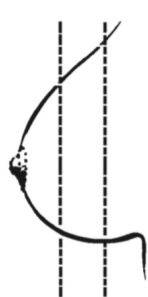
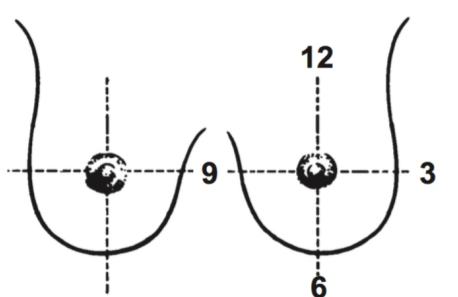



# BREAST IMAGING ORDER FORM

LAST NAME	TODAYS DATE	<b>*** ICD-10 INFO REQUIRED ***</b>	
FIRST NAME	DATE OF BIRTH	<input type="checkbox"/> Encounter for screening mammogram for neoplasm of breast	Z12.31
PHONE	ALT. PHONE	<input type="checkbox"/> Unspecified lump in breast	N63
INSURANCE COMPANY		<input type="checkbox"/> Mastodynia	N64.4
POLICY #	GROUP #	<input type="checkbox"/> Nipple discharge	N64.52
PHYSICIAN NAME		<input type="checkbox"/> Other signs and symptoms in breast	N64.4
OFFICE TELEPHONE NUMBER		<input type="checkbox"/> Inconclusive mammogram	R92.2
PHYSICIAN SIGNATURE *** (REQUIRED)		<input type="checkbox"/> Abnormal findings on diagnostic imaging of breast	R92.8
		<input type="checkbox"/> Personal history of malignant neoplasm of breast	Z85.3
		OTHER REASONS FOR EXAM	
		SPECIAL INSTRUCTIONS	
		PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/> PRE-AUTH #	

<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT
<b>SCREENING MAMMOGRAPHY</b>			<b>PROCEDURES</b>			<b>MRI</b>		
<input type="checkbox"/>	SCREENING MAMMOGRAM BILATERAL	G0202	<input type="checkbox"/>	ASPIRATION OF CYST OF BREAST US GUIDANCE	19000 76942	<input type="checkbox"/>	MRI BREAST BILATERAL W/O & W DYE	C8908
<input type="checkbox"/>	SCREENING MAMMOGRAM UNILATERAL	G0202-52	<input type="checkbox"/>	BIOPSY BREAST STEREOTACTIC GUIDANCE	19081	<input type="checkbox"/>	MRI BREAST BILATERAL W/O DYE	C8907
<input type="checkbox"/>	SCREENING MAMMOGRAM BILATERAL WITH TOMOSYNTHESIS	G0202 77063	<input type="checkbox"/>	BIOPSY BREAST US GUIDANCE	19083	<input type="checkbox"/>	MRI BREAST UNILATERAL W/O & W DYE	C8905
<input type="checkbox"/>	SCREENING MAMMOGRAM UNILATERAL WITH TOMOSYNTHESIS	G0202-52 77063	<input type="checkbox"/>	DUCTOGRAM	77053 19030	<input type="checkbox"/>	MRI BREAST UNILATERAL W/O DYE	C8904
<b>DIAGNOSTIC MAMMOGRAPHY</b>			<input type="checkbox"/>	INJECTION OF RADIOACTIVE TRACER FOR SENTINEL NODE IDENTIFICATION US GUIDE	38792 76942	<b>OTHER EXAMS REQUESTED</b>		
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM BILATERAL WITH ULTRASOUND IF NEEDED	G0204 76642	<input type="checkbox"/>	WIRE LOCALIZATION BREAST MAMMOGRAPHIC GUIDANCE	19281	<input type="checkbox"/>		
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM UNILATERAL WITH ULTRASOUND IF NEEDED	G0206 76642	<input type="checkbox"/>	WIRE LOCALIZATION BREAST US GUIDANCE	19285	<input type="checkbox"/>		
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM BILATERAL WITH TOMOSYNTHESIS AND ULTRASOUND IF NEEDED	G0204 G0279 76642	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>Right Breast</b></p>  </div> <div style="text-align: center;">  </div> <div style="text-align: center;"> <p><b>Left Breast</b></p>  </div> </div> <p><b>** PLEASE NOTE LOCATION OF LUMP **</b></p>					
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM UNILATERAL WITH TOMOSYNTHESIS AND ULTRASOUND IF NEEDED	G0206 G0279 76642						
<b>ULTRASOUND</b>								
<input type="checkbox"/>	US BREAST LIMITED RIGHT	76642						
<input type="checkbox"/>	US BREAST LIMITED LEFT	76642						

Fax this order to: (928) 532-1411

Scheduling Phone: (928) 537-6554

Radiology Dept Phone: (928) 537-6338



557 (01/17)

BREAST IMAGING ORDER FORM