
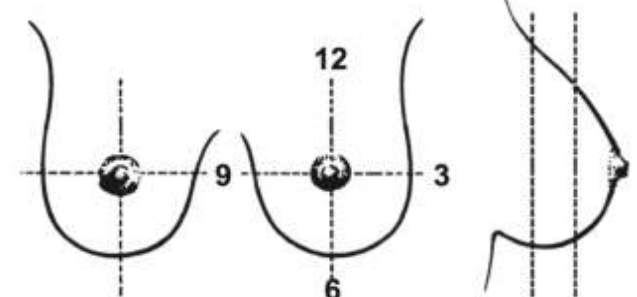


BREAST IMAGING ORDER FORM

LAST NAME		TODAYS DATE		*** ICD-10 INFO REQUIRED ***	
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		OTHER REASONS FOR EXAM		<input type="checkbox"/> Other signs and symptoms in breast	N64.4
PHYSICIAN TELEPHONE NUMBER		SPECIAL INSTRUCTIONS		<input type="checkbox"/> Inconclusive mammogram	R92.2
PHYSICIAN SIGNATURE *** (REQUIRED)		PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Abnormal findings on diagnostic imaging of breast	R92.8
				<input type="checkbox"/> Personal history of malignant neoplasm of breast	Z85.3

<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT
SCREENING MAMMOGRAPHY			PROCEDURES			MRI		
<input type="checkbox"/>	SCREENING MAMMOGRAM BILATERAL	77067	<input type="checkbox"/>	ASPIRATION OF CYST OF BREAST US GUIDAN	19000 76942	<input type="checkbox"/>	MRI BREAST BILATERAL W/O & W DYE	C8908
<input type="checkbox"/>	SCREENING MAMMOGRAM UNILATERAL	77067-52	<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	77067 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	77067-52 77063-52	<input type="checkbox"/>	DUCTOGRAM	77053 19030	<input type="checkbox"/>	MRI BREAST UNILATERAL W/O DYE	C8904
DIAGNOSTIC MAMMOGRAPHY			OTHER EXAMS REQUESTED					
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM BILATERAL WITH ULTRASOUND IF NEEDED	77066 76642	<input type="checkbox"/>	INJECTION OF RADIOACTIVE TRACER FOR SENTINEL NODE IDENTIFICATION US GUIDE	38792 76942	<input type="checkbox"/>		
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM UNILATERAL WITH ULTRASOUND IF NEEDED	77065 76642	<input type="checkbox"/>	WIRE LOCALIZATION BREAST MAMMOGRAPHIC GUIDANCE	19281	<input type="checkbox"/>		
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM BILATERAL WITH TOMOSYNTHESIS AND ULTRASOUND IF NEEDED	77066 G0279 76642	<input type="checkbox"/>	WIRE LOCALIZATION BREAST US GUIDANCE	19285	<input type="checkbox"/>		
<input type="checkbox"/>	DIAGNOSTIC MAMMOGRAM UNILATERAL WITH TOMOSYNTHESIS AND ULTRASOUND IF NEEDED	77065 G0279 76642	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Right Breast</p>  </div> <div style="text-align: center;"> <p>Left Breast</p>  </div> </div> <p>** PLEASE NOTE LOCATION OF LUMP **</p>					
ULTRASOUND								
<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 (01/18)

BREAST IMAGING ORDER FORM