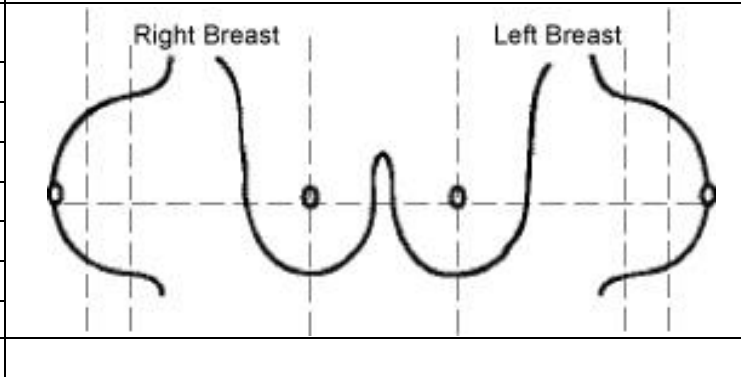


Patient Name _____ Date of Birth _____ Social Security # _____ Address _____ City _____ State _____ Zip _____ Telephone # _____  Primary Insurance _____ Primary Policy # _____ Group # _____	Ordering Physician Signature _____ Ordering Physician _____ (Please print)  Primary Care Physician _____ Send Copy To _____ Fax Results To _____  Diagnosis #1 _____ ICD-10 Code _____ Diagnosis #2 _____ ICD-10 Code _____ Diagnosis #3 _____ ICD-10 Code _____
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<b>INFORMATION</b> <ul style="list-style-type: none"> <li>• Women under 30 need an order for all mammograms.</li> <li>• Women over 30 with a breast problem <b>must</b> have a diagnostic mammogram w/ breast ultrasound.           <ul style="list-style-type: none"> <li>◦ <i>The only exclusion to this is currently pregnant.</i></li> </ul> </li> <li>• Men over 18 need bilateral diagnostic mammogram w/ ultrasound if indicated.</li> </ul>	<p style="text-align: center;"><b>Breast Diagram</b> (for physician use only)</p> <p>Physicians, please mark the location of any pain, palpable masses or other abnormalities on the diagram below.</p> <p>Notes:</p>
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<b>MAMMOGRAPHY</b>	
	Screening Mammogram - Asymptomatic
	Mammogram Right Side – Diag. w/ US if indicated
	Mammogram Left Side – Diag. w/ US if indicated
	Mammogram Bilateral Side – Diag. w/ US if indicated



<b>SPECIAL PROCEDURES</b>	
	Ultrasound Guided Biopsy w/ clip placement Right / Left
	Stereotactic biopsy w/ clip placement Right / Left
	FNA / Cyst Aspiration Right / Left

<b>ULTRASOUND</b>	
(Exams will take 30-60 minutes to complete)	
	Breast Right _____ Left _____ Bilat _____ W/ diagnostic mammogram if indicated

	<p><b>Notice: Medicare will only pay for tests that meet the Medicare definition of "Medicare Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed an Advanced Beneficiary Notice (ABN).</b></p> <p><b>IMAGING</b> – Is ABN Attached?   <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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<b>BONE DENSITOMETRY</b>	
	Bone Density
	Bring current medication list with dosage. Withhold calcium for 24 hours.