McLaren PORT HURON

DEMASHKIEH WOMEN'S WELLNESS PLACE
BREAST IMAGING ORDER FORM

Patient Name _____ Date of Birth _____

Physician _____ Physician Signature _____ Date _____

Appointment Date _____ Appointment Time _____ ☐ am ☐ pm

SCREENING MAMMOGRAM ****Must be at 366 days after previous screening mammogram****

☐ **Screening Mammogram** **3D Mammography (CPT 77067 / 77063)** **Implants** ☐ **Yes** ☐ **No**

Mastectomy ☐ **Right** ☐ **Left**

CODE: ☐ Z12.31 Screening Mammogram for Breast Cancer

***Additional studies may be performed as determined by the Radiologist, i.e., Diagnostic Mammogram and, or Breast Ultrasound. R92.8 Abnormal Mammogram*.**

DIAGNOSTIC BREAST IMAGING 3D Tomosynthesis imaging is our standard protocol for diagnostic mammograms.

☐ **Diagnostic 3D Mammogram** ☐ **Bilateral** ☐ **Unilateral** ☐ **R** ☐ **L**
(CPT 77066 / 77062)

☐ **Breast Ultrasound Complete** ☐ **Bilateral** ☐ **Unilateral** ☐ **R** ☐ **L**
(CPT 76641)

☐ **Breast Ultrasound Limited** ☐ **Bilateral** ☐ **Unilateral** ☐ **R** ☐ **L**
(CPT 76642)

☐ **Breast MRI Bilateral With & Without Contrast**
(77049) (C8906)

☐ **Breast MRI Unilateral with and Without Contrast** ☐ **R** ☐ **L**
(77048) (C8903)

CODES:
- ☐ R92.8 Abnormal Mammogram (within last 3 yrs)
- ☐ Z85.3 Personal History of Breast Cancer
- ☐ N64.52 Breast Discharger/Other
  Specify Symptoms_____
- ☐ R92.2 Inconclusive Mammo/Dense Breast
- ☐ N64.4 Breast Pain/Soreness
- ☐ R92.0 Mammogram Microcalcification
- ☐ N63 Breast Lump/Mass
  Specify Quadrant_____
- ☐ N60.09 Breast Cyst
- ☐ Other
  Specify Symptoms _____

Please use diagram to demonstrate any clinical findings and area(s) of concern.

_____

BREAST INTERVENTIONAL PROCEDURES Per Radiologist Recommendation

☐ **Ultrasound Guided Core Biopsy (19083)**	☐ **R**	☐ **L**	☐ R92.8 Abnormal Mammogram
☐ **Ultrasound Guided Cyst Aspiration (19000/76942)**	☐ **R**	☐ **L**	☐ Z85.3 History of Breast Cancer
☐ **Stereotactic Core Biopsy (19081)**	☐ **R**	☐ **L**	☐ N63 Breast Lump/Mass
			☐ R68.89 Abnormal Clinical Findings

☐ **Bone Density (CPT 77080)**

CODES:
- ☐ M81.8 Osteoporosis
- ☐ M81.8 Osteoporosis, Drug Induced
- ☐ Z13.820 Encounter for Screening Osteoporosis
- ☐ Z78.0 Asymptomatic Menopausal State
- ☐ M85.89 Other Disorder of Bone Density
- ☐ E21.3 Hyperthyroidism, Unspecified