REASON FOR TEST:

- [ ] SCREENING MAMMOGRAM
- [ ] DIAGNOSTIC MAMMOGRAM BILATERAL
- [ ] DIAGNOSTIC MAMMOGRAM UNILATERAL □ Right □ Left
- [ ] BREAST TOMOSYNTHESIS □ Bilateral □ Right □ Left
- [ ] BREAST ULTRASOUND (76645) □ Bilateral □ Right □ Left
- [ ] 3-D BREAST RECONSTRUCTION (76377) □ Bilateral □ Right □ Left
- [ ] STEREOTACTIC BREAST BIOPSY (77031) □ Bilateral □ Right □ Left
- [ ] ULTRASOUND GUIDED BREAST BIOPSY (76942) □ Bilateral □ Right □ Left
- [ ] ULTRASOUND GUIDED FINE NEEDLE ASPIRATION (76942) □ Bilateral □ Right □ Left
- [ ] I-125 SEED LOCALIZATION (77032) □ Bilateral □ Right □ Left
- [ ] GALACTOGRAM (77053) □ Bilateral □ Right □ Left
- [ ] LYMPHOSCINTIGRAPHY (78195) □ Bilateral □ Right □ Left
- [ ] BONE DENSITY, DEXA (77080)
- [ ] BREAST MRI BIOPSY WITHOUT & WITH CONTRAST (77021) □ Bilateral □ Right □ Left
- [ ] BILATERAL BREAST MRI WITHOUT & WITH CONTRAST (C8908)

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Printed Practitioner Name

Practitioner Signature ____________________________ Provider # ___________ Date and Time ___________

*Signature certifies medical necessity of above ordered testing.*

Department of Radiology Breast Center Order
Shands Jacksonville Medical Center, Inc.
Central Scheduling (904)383-1024

06/05/13