Breast Imaging Order Form

<table>
<thead>
<tr>
<th>PLEASE PRINT</th>
<th>MRN #:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT:</th>
<th>DATE OF BIRTH:</th>
<th>HOME #:</th>
<th>CONTACT #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>REFERRING PROVIDER:</th>
<th>PHONE #:</th>
<th>FAX #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INSURANCE:</th>
<th>AUTH # (IF APPLICABLE):</th>
<th># VISITS APPROVED:</th>
<th>EXPIRATION DATE:</th>
</tr>
</thead>
</table>

**REQUIRED**

ALLERGIES: 

**REASON FOR TEST:**

- [ ] SCREENING MAMMOGRAM BILATERAL WITH TOMOSYNTHESIS (77063)
- [ ] DIAGNOSTIC MAMMOGRAM BILATERAL WITH TOMOSYNTHESIS (77066)
- [ ] DIAGNOSTIC MAMMOGRAM UNILATERAL (77065) WITH TOMOSYNTHESIS
  - Right [ ] Left [ ]
- [ ] BREAST ULTRASOUND LIMITED (76642)
  - Bilateral [ ] Right [ ] Left [ ]
- [ ] BREAST ULTRASOUND COMPLETE (76641)
  - Bilateral [ ] Right [ ] Left [ ]
- [ ] STEOTACTIC BREAST BIOPSY (19081)
  - Bilateral [ ] Right [ ] Left [ ]
- [ ] ULTRASOUND GUIDED BREAST BIOPSY (19083)
  - Bilateral [ ] Right [ ] Left [ ]
- [ ] ULTRASOUND GUIDED FINE NEEDLE ASPIRATION (10005)
  - Bilateral [ ] Right [ ] Left [ ]
- [ ] I-125 SEED LOCALIZATION (19281)
  - Bilateral [ ] Right [ ] Left [ ]
- [ ] LYMPHOSCINTIGRAPHY (78195)
  - Bilateral [ ] Right [ ] Left [ ]
- [ ] BONE DENSITY, DEXA (77080)
- [ ] BREAST MRI BIOPSY WITHOUT & WITH CONTRAST (19085)
  - Bilateral [ ] Right [ ] Left [ ]

Printed Provider Name

Provider Signature

Provider #

Date and Time

Revised: 9/20