

BREAST IMAGING Order Form

Phone: 562-933-7880 • Fax: 562-933-7807 □ 2810 Long Beach Blvd. • Long Beach, California 90806 *Located inside the Todd Cancer Pavilion* □ 11121 Los Alamitos Blvd. • Suite B • Los Alamitos, California 90720 * REQUIRED FIELDS *Patient Name: (Please Print) ______ *Date of Birth: _____ *Today's Date: _____ Appointment Date: ____ Appointment Time: _____ *Physician Signature: *Referring Physician: _____ (Please print) SCREENING MAMMOGRAM SYMPTOMATIC / DIAGNOSTIC / PRIOR CANCER DIAGNOSIS with possible TOMOSYNTHESIS(3D) with possible TOMOSYNTHESIS(3D) ☐ Mammography, ultrasound, aspiration, needle biopsy, ductogram, ☐ Annual Mammogram percutaneous removal of benign lesion, second opinion or other ☐ Implants ☐ Bilateral Breast Ultrasound-Intermediate to High Risk If an abnormality is found, work-up with additional If an abnormality is found, work-up with additional exams as indicated in exams as indicated in diagnostic section. diagnostic section. \Box R □ L PALPABLE LUMP/MASS \Box R □ L PALPABLE THICKENING Tomosynthesis is recommended for patients with □L FOCAL PAIN/TENDERNESS \Box R heteregeneously dense or dense breasts by \Box R □ L SPONTANEOUS NIPPLE DISCHARGE mammography. ☐ SHORT TERM FOLLOW-UP for previous findings S/P LUMPECTOMY S/P MASTECTOMY Date of surgery: Date of surgery: ICD 10: PLEASE NOTE THAT INSURANCE **COVERAGE IS DEPENDENT ON YOUR** INDIVIDUAL INSURANCE PLAN. NOTES:

PATIENT INSTRUCTIONS:

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BRING THIS FORM, YOUR INSURANCE INFORMATION AND PRIOR AUTHORIZATION WITH YOU IN ORDER TO AVOID A DELAY IN APPOINTMENT TIME OR THE NEED TO RESCHEDULE.

YOU MUST BRING PRIOR MAMMOGRAMS TO YOUR APPOINTMENT.

- Please be on time for your appointment.
- Allow approximately 1 hour for a routine examination and 2 hours for a diagnostic appointment.
- Please do not use underarm deodorant or powder on your breast or armpit areas prior to your exam.
- Occasionally our routine screening patients are asked to return for additional studies to further evaluate an area on the mammogram. Please contact your referring physician for any required authorization/referral.





BONE DENSITY Order Form

Memorial Care... Breast Center

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□ 11121 Los Alamitos Blvd. • Suite B	• Los Alamitos, Ca	alifornia 90720	
* REQUIRED FIELDS			
*Patient Name: (Please Print)		*Date of Birth:	
*Today's Date: Appoin	tment Date:	Appointment Time:	
*Physician Signature:			
*Referring Physician & NPI:(Please	print)		
		LETAL HIP& SPINE 77080	
		f hip/spine is non-diagnostic	
		ULAR SKELETAL FOREARM 77081	
□ DENSITOMETRY-V			
		ted. See <i>Complete J1 MAC List…</i> for additional diagnoses)	
Screening		Monitoring	
> Medicare allows every 24 m	onths <	> Follow-up for a specific finding/condition <	
 N95.8 Artificial Menopause N95.8 Other Specified Menopausal & Post Disorder N95.9 Menopausal Disorder E28.310 Symptomatic Premature Menopate E28.319 Asymptomatic Premature Menopate E28.39 Estrogen Deficiency (Other Ovariate E21.0 Primary Hyperparathyroidism Z78.0 Asymptomatic Menopausal State 	ause pause	 □ M81.0 Osteoporosis □ M81.0 Menopausal Osteoporosis □ M81.0 Age Related Osteoporosis □ M81.6 Localized Osteoporosis □ M85.88 Osteopenia (Of Other Site) □ M85.89 Osteopenia of Multiple Sites □ M81.8 Drug-Induced Osteoporosis Without Pathologic Fracture □ M81.8 Osteoporosis due to Aromatase Inhibitor □ Z79.811 Aromatase Inhibitor Use □ M81.8 Secondary Osteoporosis □ E24.0 Cushing's Disease □ E24.2 Drug-Induced Cushing's Syndrome □ E24.8 Other Cushing's Syndrome □ E21.0 Primary Hyperparathyroidism □ E21.2 Secondary Hyperparathyroidism Not Elsewhere Classified □ E07.0 Hypersecretion of Calcitonin 	
□ Other		□ Other	
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PATIENT INSTRUCTIONS:

BRING THIS FORM AND YOUR INSURANCE INFORMATION TO YOUR APPOINTMENT. WE CANNOT PERFORM THE EXAM WITHOUT THEM.

PLEASE NOTE THAT INSURANCE COVERAGE FOR THIS EXAM IS DEPENDENT ON YOUR INDIVIDUAL INSURANCE PLAN.

Check with your insurance company for annual/screening/wellness vs. diagnostic coverage.