



Appointment Scheduling

Scheduling (Radiology): (406) 556-5201

Fax (Film Library): (406) 556-5202

Today's Date: \_\_\_/\_\_\_/\_\_\_

WOMEN'S IMAGING

Patient Name: Last First M. Date of Birth: \_\_\_/\_\_\_/\_\_\_ SS#: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

- Send Routine Report Call Report Fax Report

MAMMOGRAPHY RELEASE FORM FOR STUDIES PERFORMED AT AN OFFSITE FACILITY: (In the absence of release for prior mammograms, the report may be delayed.)

My previous mammogram was performed on \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ Facility (City/State)

Have you contacted the facility and requested prior films? Yes No

BREAST IMPLANTS

SCREENING MAMMOGRAM W/ REFLEX TESTING (Reflex tests include Diagnostic Mammogram and /or Breast Ultrasound as indicated by the results of the screening mammogram)

SCREENING MAMMOGRAM ONLY

Date Of Last Clinical Breast Exam: \_\_\_/\_\_\_/\_\_\_

Doctor, if your patient does not have active focal clinical abnormalities or other conditions outlined below, schedule a SCREENING mammogram.

DIAGNOSTIC BREAST IMAGING

Short-term Follow Up (Includes Diagnostic Mammogram and/or Ultrasound as indicated by prior imaging or procedural findings)

Diagnostic Mammogram

- Bilateral Unilateral Right Unilateral Left

Breast Ultrasound

- Right Left

Ultrasound Breast Biopsy

Ultrasound Breast Aspiration

Stereotactic Breast Biopsy

Needle Loc

Breast MRI

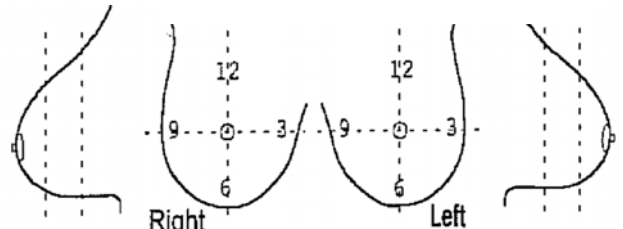
- Bilateral Unilateral Right Unilateral Left

(Breast ultrasound will be performed according to standing orders unless otherwise specified).

Indications for diagnostic breast imaging:

- Personal history of breast cancer within last 3 years (When? \_\_\_\_\_)
Abnormal mammogram (special views, follow-up at short interval)
Inflammatory disease of breast
Mastodynia or breast pain
Nipple discharge
Skin changes (retraction, dimpling, etc)
Breast mass (clinically new or changing)
Other Indications: \_\_\_\_\_

Mark site of focal clinical abnormality.



(Other diagnoses may or may not support medical necessity).

BONE DENSITOMETRY (DEXA) Axial skeleton

- DEXA Appendicular skeleton (patients with known hip/spine fracture, metal; or Hyperparathyroidism)
V 49.81 Post menopausal
V 82.81 Screening for Osteoporosis
733.00 Osteoporosis 733.90 Osteopenia

Follow Up: Completed treatment high-risk meds

- Hyperparathyroidism
Long Term Current Use Steroids
Vertebral Fracture

Other Indications: \_\_\_\_\_ (Other diagnoses may or may not support medical necessity)

## GENERAL INSTRUCTIONS/SUGGESTIONS:

- Please arrive twenty minutes before your scheduled appointment
- Please bring all insurance information and Mammography Worksheet with you.

**Mammogram Prep:** Do not use any underarm deodorant, powder or lotions in the breast/underarm area before your scheduled mammogram.

