

McLaren Print System Order

Order No: 42936
 Order Date: 2019-02-18
 User: Carrie Wheeler
 Phone: 248-922-6813

Ship Location: McLaren Breast Center
 5701 Bow Pointe Drive, Suite 255
 CLARKSTON, MI 48346

Forms
 Quantity: 1000
 Paragon Dept No: 8387
 Dept Name: McLaren Oakland
 Company Number: 310

Order Total Price: 36.00

Item Number: M-22016-C
 Item Description: Clarkston Breast Center Order
 Revision Date: 6/2018
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Padded (50 Sheets Per Pad)
 Drill: None
 Misc Info:




MAMMOGRAPHY ORDER FORM

Patient Name: _____ DOB: _____ Today's Date: _____
 Patient Phone Number: _____ Referring Physician: _____
Physician Signature (Mandatory) _____
 Office Phone Number: _____ Office Fax Number: _____
 Previous Mammogram: Yes No If yes, where: _____

Screening Mammogram (Asymptomatic):
 2D Mammogram
 3D Mammogram *See note on availability of technology*

Diagnostic Mammogram (Symptomatic)**
(with Ultrasound if needed)
 2D Bilateral Diagnostic
 2D Unilateral Diagnostic Right Left
 3D Bilateral Diagnostic
 3D Unilateral Diagnostic Right Left

Diagnostic Ultrasound (Symptomatic)**
(with Mammogram if needed)
 Bilateral Diagnostic Complete
 Bilateral Diagnostic Limited
 Unilateral Diagnostic Complete Right Left
 Unilateral Diagnostic Limited Right Left

*****Please indicate symptom(s) for Diagnostic:**
 History of Breast Cancer
 Nipple Discharge/Discoloration
 Palpable Lump or Mass
 Skin Dimpling or Thickening
 Breast Pain or Tenderness
 Calcifications
 Abnormal Mammogram/Additional View
 Short Term Follow up
 Other _____

******Attention Ordering Physician(s) ******
 Check here if any additional diagnostic studies and/or procedures listed below were performed under the direction of the Radiologist prompted by an abnormal screening mammogram.

Please check below if you want one or more of the following studies and/or procedures only:
 Additional Diagnostic Images and Ultrasound
 Breast Ultrasound Guided Biopsy Right Left
 Breast Stereotactic Biopsy Right Left
 Breast Cyst Aspiration Right Left
 Galactogram Right Left
 Needle Localization Right Left

☐ Bone Density (DEXA Scan):
 Diagnostic: _____
 Reason for DEXA: Post-Menopausal Osteoporosis
 Date of last DEXA: _____
 Location of last DEXA: _____

Please wear loose comfortable clothing with no metal snaps or zippers.


Thank you for your Referral!
 McLaren Breast Center
 5701 Bow Pointe Dr., Suite 255
 Clarkston, MI 48346
 P: 248-922-6818
 F: 248-922-6813

On the day of your mammogram appointment, please do not use powder, lotion, or wear deodorant.

*The CPT code for 2D screening is 77067 with the additional CPT code of 77062 for 3D technology.
 **The CPT code for a 2D diagnostic study is 77064 with the additional CPT code of 00279 for 3D diagnostic technology.

Spec Info: