

## McLaren Print System Order

Order No: 46853  
 Order Date: 2019-07-10  
 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: \_\_\_\_\_

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**Screening Mammogram (Asymptomatic):**  
 2D Mammogram  
 3D Mammogram *See note on reverse of mammogram*

**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

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**☐ 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: