

McLaren Print System Order

Order No: 60161
 Order Date: 2021-02-04
 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: 27245
 Dept Name: McLaren Breast Center
 Company Number: 310

Order Total Price: 36.00

Item Number: M-20016-C
 Item Description: Mammography Order Form
 Revision Date: 2/2021
 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: SS; BLACK; BOND PAPER



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 (may not be covered by all insurance)

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 may be 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 Imaging 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):

Diagnosis: _____
 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 1 255 • Clarkston, MI 48346
 Phone: 248-922-6810
 Fax: 248-922-6811

McLaren Oakland Central Scheduling
 Phone: 248-338-5008
 Fax: 510-600-7906

Spec Info:

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 77069 for 3D technology.
 ****The CPT code for a 3D diagnostic study is 77068 with the additional CPT code of 86379 for all diagnostic technology.