



BRONSON
BREAST IMAGING AND BONE DENSITY
OUTPATIENT ORDER FORM

Name (Last) _____ (First) _____ (M.I) _____	
Birth Date _____	Maiden or Previous Name _____
Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms _____	
All orders require a signature from the provider to process	
Provider Signature: _____ Date _____ Time _____	
Print Provider Name: _____	

Visit/Encounter # _____	Unit Med. Record # _____
-------------------------	--------------------------

To Schedule Call 269-341-8700 Fax Order 269-343-4277

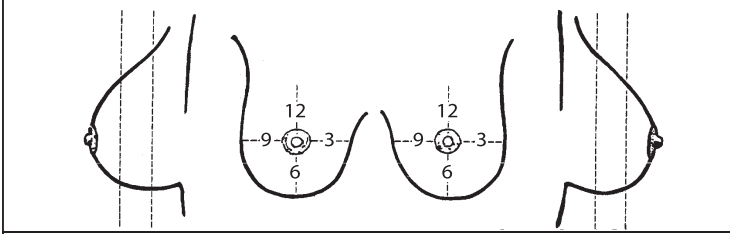
Consultant Copy to: _____
Order date _____ Appointment Date _____

Order Form Completed By: _____
Phone #: _____

Prior mammogram/breast imaging procedures, facilities and dates of exams:

Date	Facility	Date	Facility	Date	Facility
SCREENING MAMMOGRAPHY (PATIENT MAY SCHEDULE)					
<input type="checkbox"/> Permission to proceed to breast/axilla ultrasound, if indicated, after a radiologist reviews mammography films.					
Asymptomatic, routine patients only					
Bilateral		77067		Unilateral-Choose Only One:	
Bilateral with Tomosynthesis		77067, 77063		Left	77067-52
				Right	77067-52

Date	Facility	Date	Facility	Date	Facility
DIAGNOSTIC MAMMOGRAPHY (PROVIDER TO SCHEDULE)					
This procedure is performed to address a specific clinical breast problem or is indicated for those with a specific history.					
Bilateral		77066		Unilateral-Choose Only One:	
Bilateral with Tomosynthesis		77066, 77062		Left or Right	77065
				With Tomosynthesis	77065, 77061



Indications for Performing A Diagnostic Mammogram	
Personal history of breast CA (mastectomy/lumpectomy)	Personal history of ovarian, uterine, or colon CA (Medicare patients only)
Localized pain	Axillary lymphadenopathy
Mass	Skin changes
Nipple discharge	
Short interval followup for a prev. identified clinical or mammographic concern	

Notes

Fibrocystic changes documented by one or more of the following:	
History of breast biopsy with diagnosis of fibrocystic changes	
Cysts documented in prior mammography or breast ultrasound report	
Prior aspiration of fluid from one or more cysts	

BREAST ULTRASOUND (PROVIDER TO SCHEDULE)	
Bilateral Complete	76641
Bilateral Limited	76642
Unilateral-Choose Only One:	
Left	76641/76642
Right	76641/76642

DUCTOGRAM (performed only at BMH Main Campus)	
Bilateral	77054
Unilateral-Choose Only One:	
Left	77054
Right	77054

Indications for Performing Breast Ultrasound	
Palpable lump	Localized Pain
Breast implant collapse, rupture, leak	Nipple discharge
Mammographic lesion	Patient is < 35 or pregnant
Mastitis, possible abscess	

Procedure is Only Performed at Bronson Center for Women			
Left Breast	Right Breast		
Indications for Performing Biopsy or Aspiration			
Calcification	Mass	Suspected cyst	Density
Other: _____			

Permission to proceed to core biopsy if radiologist determines necessary

BONE DENSITY - DEXA SCAN (Please do not take calcium pills/tablets for six hours prior to your exam.) (Patient may schedule)

Permission to proceed to DEXA Bone Density with Vertebral Fracture Assessment if Indicated.

Dexa-Bone Density	77080	Signs & Symptoms:
Dexa Bone Density with TBS	CPT 77080, 77081, 77085	Loss of height
Dexa Bone Density with Vertebral Fracture Assessment with TBS	CPT 77086	Osteoporosis
		Post menopausal state
		Osteopenia

BREAST MRI			
<i>Patients with a cardiac pacemaker cannot be scanned. Before proceeding with this exam, please inform us if the patient has:</i>			
Aneurysm clips, artificial valves, bone or joint replacements, metal plates, stents or any metal in the body.			
Patient chart must be available during scheduling. GFR: _____ Date: _____ (within 30 days or new labs must be drawn)			
BILATERAL	77059	UNILATERAL	LEFT-77058 RIGHT-77058

INDICATIONS FOR PERFORMING BREAST MRI	
Known BRCA1 or BRCA2 positive	Recurrence of breast cancer
Radiation therapy to the chest between the ages of 10 & 30	Known breast cancer pre-op staging
Family Hx suggestive of predisposition	Axillary metastases - unknown primary
Calculated lifetime risk ≥ 20%	Post lumpectomy for residual disease
Evaluate integrity of silicon breast implant	Neoadjuvant chemotherapy
Inconclusive finding-post ultrasound or mammography	Suspected chest wall invasion
Breast cancer with positive margins	