



BRONSON
BREAST IMAGING AND BONE DENSITY
OUTPATIENT ORDER FORM

Name (Last) _____ (First) _____ (M.I) _____

Birth Date _____ Maiden or Previous Name _____ Sex M 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 BBC Scheduling 269-245-8666 BBC Fax 269-245-4902

Consultant Copy to: _____ Order Form Completed By: _____

Order date _____ Appointment Date _____ Phone #: _____

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

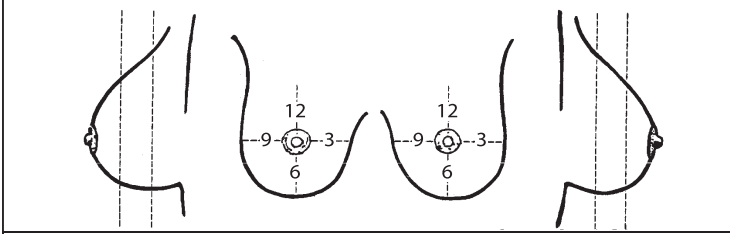
Date	Facility	Date	Facility	Date	Facility
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SCREENING MAMMOGRAPHY (PATIENT MAY SCHEDULE) **DIAGNOSTIC MAMMOGRAPHY (PROVIDER TO SCHEDULE)**

Permission to proceed to breast/axilla ultrasound, if indicated, after a radiologist reviews mammography films.

Asymptomatic, routine patients only This procedure is performed to address a specific clinical breast problem or is indicated for those with a specific history.

Bilateral		77067	Unilateral-Choose Only One:	
Bilateral with Tomosynthesis	77067, 77063		Left	77067-52
			Right	77067-52



Notes

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	

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

DUCTOGRAM (performed only at BMH Main Campus)

Bilateral		77054	Unilateral-Choose Only One:	
Indications:			Left	77054
			Right	77054

BREAST ULTRASOUND (PROVIDER TO SCHEDULE) **IMAGE GUIDED BIOPSY AND CYST ASPIRATION (PROVIDER TO SCHEDULE)**

Procedure is Only Performed at Bronson Center for Women

Indications for Performing Breast Ultrasound		Left Breast	Right Breast
Palpable lump	Localized Pain		
Breast implant collapse, rupture, leak	Nipple discharge	Calcification	Mass
Mammographic lesion	Patient is < 35 or pregnant	Suspected cyst	Density
Mastitis, possible abscess		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 Vertebral Fracture Assessment, if indicated, after a radiologist reviews bone density scan.

Dexa-Bone Density		77080	Signs & Symptoms:	
Other:			Loss of height	Post menopausal state
			Osteoporosis	Osteopenia

BREAST MRI

Patients with a cardiac pacemaker cannot be scanned. Before proceeding with this exam, please inform us if the patient has:
 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
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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	