



Schedule by Phone
636-779-8008



Fax Number
636-779-8010

PATIENT INFORMATION

Patient Name _____ DOB _____ Patient Phone Number _____

PHYSICIAN INFORMATION

Physician Name (printed) _____ Physician NPI _____ Date _____

Physician Phone _____ Physician Fax _____ Practice Name _____

**A DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID.
PLEASE PROVIDE THE NECESSARY CODE FOR EACH STUDY ORDERED.**

BREAST EXAMINATION REQUEST

- ☐ **Patient has implants**
- ☐ Screening Mammogram with additional views and/or Diagnostic Ultrasound if necessary for inconclusive Mammogram
- ☐ Diagnostic Mammogram with Ultrasound if necessary
- ☐ Diagnostic Breast Ultrasound with Diagnostic Mammogram if necessary
- ☐ Screening Breast Ultrasound for Dense Breasts
- ☐ Breast Cyst Aspiration
- ☐ Breast Biopsy (Ultrasound Guided)

REASON FOR PROCEDURE

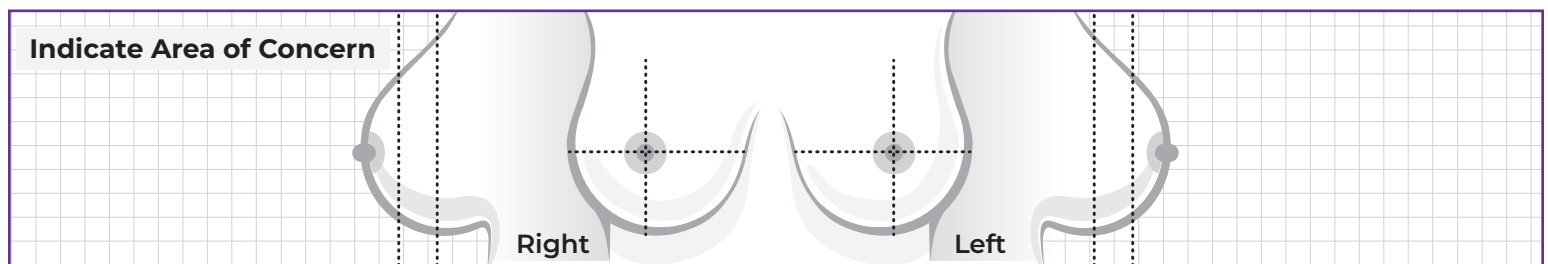
ICD-10 CODE R92.2 - inconclusive mammogram will be used for patient recall exams

ICD-10 CODE For each indicated exam

CANCER RISK ASSESSMENT

- ☐ Cancer Risk Assessment Program ☐ Breast Survey Every 6 Months
- ☐ Elevated Lifetime Breast Cancer Risk _____ % (> 20%)

SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM

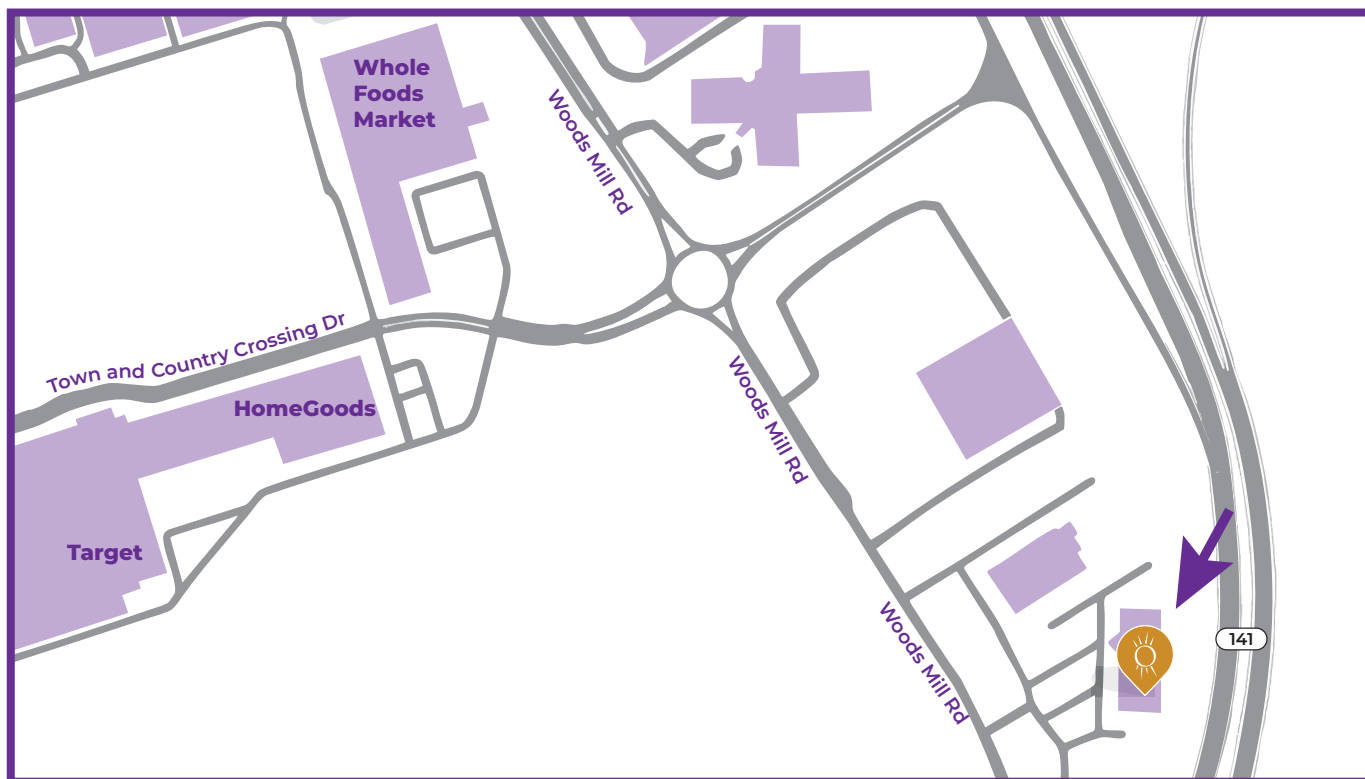


PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature _____ Date _____ Time _____

Facility location and services on reverse side.



**884 Woods Mill Road, Suite 203
Ballwin, Missouri 63011**

Our Services

- 3D Screening Mammography
- 3D Diagnostic Mammography
- Diagnostic Breast Ultrasound
- Screening Dense Breast Ultrasound
- Breast Cyst Aspiration
- Breast Biopsy (Ultrasound Guided)
- Cancer Risk Assessment

Breast Biopsy Preparation

- No aspirin or “blood thinners” one week prior to biopsy
- Please consult your physician prior to discontinuing medications
- Wear a supportive garment (sports bra)
- We recommend coming with someone who can drive you home, if needed