



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

ICD-10 CODE

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

| | |
|---|---|
| <input type="radio"/> Screening Mammogram with additional views and/or Ultrasound if necessary for inconclusive Mammogram | <input type="radio"/> Breast MRI |
| <input type="radio"/> Diagnostic Mammogram | <input type="radio"/> Breast Cyst Aspiration |
| <input type="radio"/> Diagnostic Mammogram with Ultrasound if necessary | <input type="radio"/> Ultrasound-Guided Core Biopsy |
| <input type="radio"/> Breast Ultrasound | <input type="radio"/> Stereotactic-Guided Core Biopsy |
| | <input type="radio"/> MRI-Guided Core Biopsy |

ULTRASOUND

ICD-10 CODE

| | | |
|--|--------------------------------------|------------------------------------|
| <input type="radio"/> Abdominal/Gallblader | <input type="radio"/> Pelvic | <input type="radio"/> Renal |
| <input type="radio"/> Aorta | <input type="radio"/> Transabdominal | <input type="radio"/> Thyroid |
| <input type="radio"/> Breast | <input type="radio"/> Transvaginal | <input type="radio"/> Other: _____ |

MRI

ICD-10 CODE

| | | | | | |
|-------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|------------------------------|
| <input type="radio"/> Abdomen | <input type="radio"/> Breast | <input type="radio"/> Spine | <input type="radio"/> Cervical | <input type="radio"/> Thoracic | <input type="radio"/> Lumbar |
| <input type="radio"/> Brain | <input type="radio"/> Pelvic | <input type="radio"/> Other: | _____ | | |

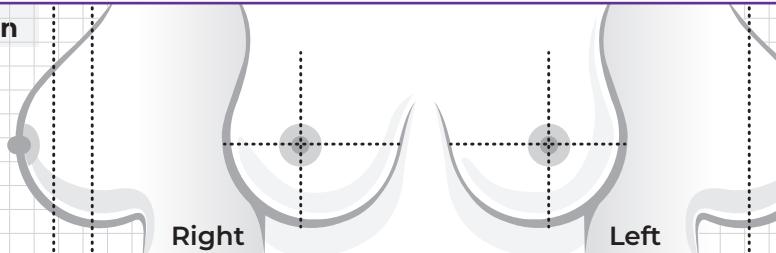
BONE DENSITOMETRY

ICD-10 CODE

| | |
|---|---|
| <input type="radio"/> DEXA Bone Densitometry (Multiple Sites) | <input type="radio"/> DEXA Bone Densitometry (Whole Body) |
|---|---|

SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM

Indicate Area of Concern



PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature

Date

Time

Facility locations and services on reverse side.

Orlando Area Services and Locations

Services Vary by Location

- 3D Mammography + AI Integration
- SmartCurve™ Comfort
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast MRI
- Breast Biopsy (Ultrasound-Guided, Stereotactic, or MRI)
- General Ultrasound*
- General MRI
- Bone Densitometry/DEXA

*Ultrasound Instructions

- **Abdomen • Aorta • Gallbladder • Renal • Retroperitoneal**
 - **DO NOT EAT OR DRINK** anything six hours prior to the exam. You may have medications with a sip of water.
- **Pelvic:** No preparation is required.



1 Women's Center For Radiology |
Solis Mammography Orlando - Mills
1621 N Mills Avenue
Orlando, FL 32803

2 Women's Center For Radiology |
Solis Mammography Orlando - Orange
1718 S Orange Avenue
Orlando, FL 32806