

Breast Diagnostic Imaging Order Form

*Please refer to the electronic copy for the latest version.

Referred to Location	Order Fax Number	To Schedule Appointments, Call:
Asante Imaging (Medford)	Routine: 541-789-7170 STAT/ASAP: 541-789-6180 Breast Biopsy Only: 541-789-6152	541-789-4322
Asante Ashland Women's Imaging (Ashland)	541-488-5385	541-201-4380
Asante Women's Imaging (Grants Pass)	541-507-2651	541-507-2650

Order Priority	Definition
Routine	Patients who have no symptoms and can be scheduled next available.
STAT (24 Hours)	Patients with Mastitis/Abscess
ASAP (7 Days)	Patients with acute symptoms that need to be seen within seven days.

Patient Information

Order Date (today's date):

Due By Date (if applicable):

Name:

Date of Birth:

Contact telephone number:

Symptoms/Reason for Study:

ICD-10 Code(s):

Insurance:

Pre-Authorization Number:

Patient mobility status:

Walker Wheelchair Lift

Does the patient have a glucose monitor?

Yes No

If yes, must be removed prior to appointment with radiation

Are interpreter services needed?

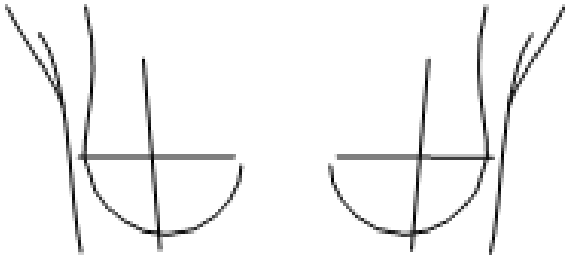
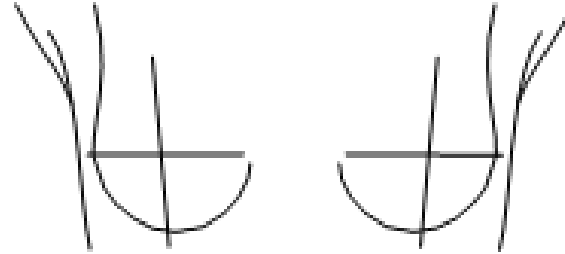
Yes No

Ordering Provider Name:

Ordering Provider Signature:

Secondary Provider Name:



<p>Screening Mammogram</p>	<p>Baseline Annual Other (specify)</p>	<p>NOTE: Use ICD-10 Code: Z12.31.</p> <p>NOTE: Use for patients with no symptoms.</p> <p>NOTE: Recommended for patients who are 35 years or older unless prior approval is received.</p> <p>NOTE: An order is not required for Screening Mammograms.</p>
<p>Diagnostic Mammogram</p>	<p>Right Left Bilateral</p>  <p>Specify the area of concern (ex: pain, lump):</p>	<p>NOTE: Do not use ICD-10 Codes N63.0, N63.10, N63.20.</p> <p>NOTE: Please indicate the specific location of the patient's symptom(s) on the diagram.</p> <p>NOTE: Breast Ultrasounds are required for patients with lumps in addition to their Diagnostic Mammogram order.</p>
<p>Galactogram</p>	<p>Right Left Bilateral</p>	<p>NOTE: Only use this form if the patient cannot receive an MRI. If the patient is able to receive an MRI, please utilize the MRI Diagnostic Imaging Order Form. MRIs are the recommended Imaging study for nipple discharge.</p> <p>NOTE: Only for patients with unilateral clear or bloody discharge. Patients must have a Diagnostic Mammogram and Breast Ultrasound completed prior.</p> <p>NOTE: Galactograms can only be completed at Asante Imaging Medford.</p>
<p>Breast Ultrasound</p>	<p>Right Left Bilateral</p>  <p>Specify the area of concern (ex: pain, lump):</p>	<p>NOTE: Include Diagnostic Mammogram order.</p> <p>NOTE: If ordering a Breast Bilateral Complete Screening ONLY (in place of a Screening Mammogram), use the ICD-10 Code: Z12.39.</p> <p>NOTE: Breast Bilateral Complete Screening is not performed at Asante Women's Imaging (Grants Pass).</p>

		<p>NOTE: Please indicate the specific location of the patient's symptom(s) on the diagram.</p> <p>NOTE: Verify if the patient needs a Diagnostic Mammogram.</p>
Axilla Ultrasound	<p>Right Left Bilateral</p>	
Breast Biopsy	<p>Stereotactic Guided</p> <p><input checked="" type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Bilateral</p> <p>Indicate the number of areas:</p> <p>Ultrasound Guided</p> <p><input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Bilateral</p> <p>Indicate the number of areas:</p>	
DEXA	<p>Bone Density Axial (Most Common)</p> <p>Bone Density Appendicular</p> <p>Bone Density Axial and Peripheral</p>	<p>NOTE: Please include ICD-10 Code Z78.0 if your patient is post-menopause.</p> <p>NOTE: DEXA scans should only be ordered every two years. If the patient needs to be seen yearly, please use one of the following ICD-10 Codes to indicate the medical reason:</p> <p>(1) Osteoporosis or Osteopenia seen on X-Ray: M81.0</p> <p>(2) Steroid Medication: Z79.52</p> <p>(3) Prescription Drug Therapy Use (ex: Fosamax): M81.8</p> <p>(4) Cartilage Disorder: M94.9</p> <p>(5) Other Specified Disorders of Bone Density: M85.88</p>

Mammograms		
Name of Exam	General Indicators	Ordering Notes
Bilateral Screening Mammogram	<ul style="list-style-type: none"> Annual screening Asymptomatic 	<ul style="list-style-type: none"> Patients are due for bilateral imaging after one full year Indicate on the order if the patient has implants
Left Screening Mammogram Right Screening Mammogram	<ul style="list-style-type: none"> Annual screening Asymptomatic Patient has had a mastectomy on one side 	<ul style="list-style-type: none"> Indicate on the order if the patient has implants If ordering a right or left only, indicate why



		<ul style="list-style-type: none"> • If the patient needs a diagnostic mammogram on one side and a screening on the other, order a bilateral diagnostic mammogram
Diagnostic Bilateral Mammogram	<ul style="list-style-type: none"> • Patient has a new lump, pain, discharge, or other symptom • Call back imaging for findings in both breasts • Follow up imaging for findings in both breasts 	<ul style="list-style-type: none"> • The specific location of the lump or pain must be included on the order • For new symptoms, include a breast ultrasound order for the symptomatic side(s) • Patients are due for bilateral imaging after one full year. If the symptom is unilateral, but the patient has not had bilateral imaging in the last year, order a bilateral diagnostic mammogram • Indicate on the order if the patient has implants
Left Diagnostic Mammogram Right Diagnostic Mammogram	<ul style="list-style-type: none"> • Patient has a new lump, pain, discharge, or other symptom • Call back imaging for findings in one breast • Follow up imaging for findings in one breast 	<ul style="list-style-type: none"> • The specific location of the lump or pain must be included on the order • For new symptoms, include a breast ultrasound order for the symptomatic side • Patients are due for bilateral imaging after one full year. If the symptom is unilateral, but the patient has not had bilateral imaging in the last year, order a bilateral diagnostic mammogram • Indicate on the order if the patient has implants

Breast Ultrasound		
Name of Exam	General Indicators	Ordering Notes
Bilateral Breast Ultrasound	<ul style="list-style-type: none"> • Patient has new lumps, pain, discharge, or other symptoms in both breasts • Call back imaging for findings in both breasts • Follow up imaging for findings in both breasts 	<ul style="list-style-type: none"> • The specific location of the lump(s) or pain must be included on the order • For new symptoms, include a diagnostic bilateral mammogram order
Bilateral Screening Breast Ultrasound	<ul style="list-style-type: none"> • Asymptomatic 	<ul style="list-style-type: none"> • Done in place of a mammogram for patients that cannot have one • Not available at Asante Women's Imaging Grants Pass
Left Breast Ultrasound Right Breast Ultrasound	<ul style="list-style-type: none"> • Patient has a new lump, pain, discharge, or other symptom in one breast • Call back imaging for findings in one breast 	<ul style="list-style-type: none"> • The specific location of the lump or pain must be included on the order • For new symptoms, include a diagnostic bilateral mammogram order if the patient has not had a



	<ul style="list-style-type: none"> • Follow up imaging for findings in one breast 	<p>bilateral mammogram in the last year. If they have had a bilateral mammogram in the last year, order a unilateral diagnostic mammogram for the symptomatic side</p>
<p>Left Axilla Ultrasound Right Axilla Ultrasound</p>	<ul style="list-style-type: none"> • Patient has a new lump, pain, or other symptom in the axilla • Call back imaging for findings in the axilla • Follow up imaging for findings in the axilla 	<ul style="list-style-type: none"> • The specific location of the lump or pain must be included on the order • For new symptoms, include a diagnostic bilateral mammogram order if the patient has not had a bilateral mammogram in the last year. If they have had a bilateral mammogram in the last year, order a unilateral diagnostic mammogram for the symptomatic side