

PATIENT LAST NAME
PATIENT FULL FIRST NAME
TODAY'S DATE
DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): _____

ICD-10:

PHYSICIAN SIGNATURE (REQUIRED)

Charles Mann, MD

Natalia Flores, MD

Morisa Marin, MD

Jennifer Slagus, MD

Lisa Amorin, MD

Linda Ekert, NP

PATIENTS: CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

MAMMOGRAPHY

Screening Mammography Z12.31

May include additional imaging such as additional views, tomosynthesis and ultrasound, if needed;

may include biopsy as needed

- Bilateral Screening Mammography w/ 3D Tomo
(No palpable findings or symptoms)
- Bilateral Screening Mammography
(No palpable findings or symptoms)

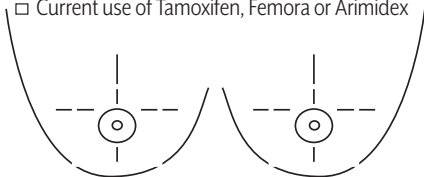
Diagnostic

May include additional imaging such as additional views, tomosynthesis and ultrasound, if needed; may include biopsy as needed

- Bilateral Diagnostic Mammography w/ 3D Tomo
- Unilateral Diagnostic Mammography w/ 3D Tomo
 - Right
 - Left
- Bilateral Diagnostic Mammography
- Unilateral Diagnostic Mammography
 - Right
 - Left

Please check all applicable reasons:

- Abnormal mammo
- Dense tissue
- Additional views
- Short term follow up
- New lump, mass or thickening (please mark area on the diagram below)
- Old lump or mass increased in size
- New nipple discharge
- New inverted nipple
- Skin changes (dimpling, redness or abnormal increase in breast size)
- Lymphadenopathy
- Current use of Tamoxifen, Femora or Arimidex



No lotions, deodorant, perfume or powder.
Bring previous outside mammograms.

ULTRASOUND

- Breast Right Left
- Pelvis & Transvaginal
- Pelvis
- Transvaginal
- Other _____

BREAST MRI

- MRI Breast: Pre + Post IV Contrast 77049

Nothing to eat 1 hour prior to your exam. MRI may NOT be performed if you have a pacemaker, cerebral aneurysm clip or a metallic hearing implant.

CT (COMPUTED TOMOGRAPHY)

- CT Abdomen and Pelvis
- Other _____

BREAST BIOPSY

- Stereotactic Ultrasound guided
 - MRI guided
 - Post procedure mammo for clip placement
- Clinical Information:

■ DEXA BONE DENSITY

■ HYSTEROSALPINGOGRAM

■ OTHER

FAX ALL REPORTS TO (631-265-5520) OR MAIL TO WOMEN'S HEALTH SMITHTOWN OFFICE AT 48 ROUTE 25A. DO NOT FAX OR MAIL TO THE STONY BROOK OFFICE.



ABDOMEN/PELVIS CT

YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
·Abdomen + Pelvis POST	·Abdomen PRE + POST ·Pelvis POST
EXAM #74 74177	EXAM #75 74178
·Bloating ·Diffuse Abdominal Pain ·Enterography ·Lymphoma	·Oncology Follow Up ·Breast Cancer ·Cervical Cancer ·Colon Cancer

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Breast	MRI Breast Pre and Post IV Contrast	Breast Cancer BRCA 1/2 Positive	77049	12
Breast	MRI Breast Non IV Contrast	Implant Rupture	77047	13
Pelvis - Female (GYN)	MRI Pelvis Pre and Post IV Contrast	Adenomyosis Endometriomas Menses Problems Pelvic Pain Uterine Anomalies Adnexal Mass Endometrial CA	72197	26
Pelvis - Male	MRI Pelvis Pre and Post IV Contrast	Prostate	72197	26
Pelvis - MRV	MRA/MRV Pelvis Post IV ONLY Contrast	Pelvic Venous Thrombosis	72198	28

