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Imaging for a healthier future
Future Diagnostics Group
& Women's Center for Breast Health

Phone: 815-730-3344
Fax: 815-730-3888

MAMMOGRAPHY ORDER FORM

Patient Name _____ Date _____

Patient Phone _____ Patient DOB _____

Referring Physician _____

Physician Signature _____

Office Phone _____ Office Fax _____

Insurance Company Name _____

ID No. _____ Group No._____

Insurance Company Phone _____ Prior Authorization No._____

Previous Mammogram ❑ Yes ❑ No
If Yes, where/when _____

Screening Mammogram

Please check: ❑ Bilateral ❑ Right ❑ Left

ICD-10

- ❑ Baseline Exam Z12.31
- ❑ Asymptomatic/Routine Exam Z12.31
- ❑ Augmentation, No Clinical Concerns Z98.82

Diagnostic Mammogram

Please check: ❑ Bilateral ❑ Right ❑ Left

- ❑ History of Breast Cancer Z85.3
- ❑ Fibrocystic Breast N60.39
- ❑ Palpable Lump or Mass N63
- ❑ Breast Pain or Tenderness N64.4
- ❑ Nipple Discharge/Discoloration.....N64.52
- ❑ Short Term Follow-up
- ❑ Augmentation Z98.82
- ❑ Skin Dimpling or Thickening N64.59
- ❑ Additional Views/Abnormal Mammograms R92.8
  Dx _____
- ❑ Other _____

3D Tomosynthesis

- ❑ Unilateral Diagnostic Mammogram w/3D .....G0206+G0279
- ❑ Bilateral Diagnostic Mammogram w/3D .....G0204+G0279
- ❑ Screening Mammogram w/3D.....G0202+77063

❑ QCT Bone Density

No Vitamins or Calcium 48 hours prior to exam

Ultrasound

*** All Patients 28 yrs & younger must have palpable area.**

*** All Patients 29 yrs & older must have a recent mammogram.**

Please check: ❑ Bilateral ❑ Right ❑ Left

ICD-10

- ❑ Breast, Palpable Area
- ❑ Breast, Abnormal Mammogram N63
- ❑ Pelvic
- ❑ Transvaginal
- ❑ Other _____

Procedures

Please check: ❑ Bilateral ❑ Right ❑ Left

Diagnosis _____

Number of sites _____

- ❑ Stereotactic Biopsy
- ❑ Ultrasound Guided Biopsy
- ❑ Ultrasound Cyst Aspiration ❑ Send Fluid

Allergies (Biopsy Patients Only) ❑ Yes ❑ No
If Yes, _____

Is the patient taking any blood thinning medications; such as Aspirin, Coumadin, Plavix, Aleve or Ibuprofen?
If yes, please list _____ # of days off _____.

Please send prior Mammograms, Breast Ultrasounds and Reports with the patient or forward them to our office prior to the scheduled exam for comparison. Thank you.