

Joliet Location:
254 Republic Ave.
Joliet, IL 60435



www.futurediagnosticgroup.com

P: (815) 730-3344
F: (815) 730-3888

MAMMOGRAPHY ORDER FORM

Patient Name _____ Date _____
Patient Phone _____ Patient DOB _____
Referring Physician _____
Physician Signature _____ Dx _____
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 _____

QCT Bone Density
No Vitamins or Calcium 48 hours prior to exam

Screening 3D Mammogram

Please check: Bilateral Right Left

<input type="checkbox"/> Baseline Exam	ICD-10 Z12.31
<input type="checkbox"/> Screening Mammo w/ ABUS	
<input type="checkbox"/> Asymptomatic/Routine Exam	Z12.31
<input type="checkbox"/> Augmentation, No Clinical Concerns	Z98.82

Ultrasound

*All patients 30 yrs & younger must have palpable area
*All patients 31 yrs & older must have a recent mammogram

Please check: Bilateral Right Left
ICD-10

Breast, Palpable Area
 Breast, Abnormal Mammogram.....N63
 Breast, Abnormal Mammogram/ABUS
 Other _____
Dx _____

Diagnostic Mammogram

Please check: Bilateral Right Left

<input type="checkbox"/> History of Breast Cancer.....	Z85.3
<input type="checkbox"/> Fibrocystic Breast.....	N60.39
<input type="checkbox"/> Palpable Lump or Mass.....	N63
<input type="checkbox"/> Breast Pain or Tenderness.....	N64.4
<input type="checkbox"/> Nipple Discharge/Discoloration.....	N64.52
<input type="checkbox"/> Short Term Follow Up	
<input type="checkbox"/> Augmentation.....	Z98.82
<input type="checkbox"/> Skin Dimpling or Thickening.....	N64.59
<input type="checkbox"/> Additional Views/Abnormal Mammogram.....	R92.8

Dx _____
 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, _____

ABUS (Screening Automated Breast Ultrasound)

*Ultrasound screening for dense breasts

<input type="checkbox"/> Unilateral.....	76641
<input type="checkbox"/> Bilateral.....	76641

*Coming soon:
New Lenox Women's Center
672 Cedar Crossings Dr., Ste 2
New Lenox, IL 60451*

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, & Reports with the patient or forward them to our office prior to the scheduled exam for comparison. Thank you.*