



## MAMMOGRAPHY REFERRAL FORM

A screening exam referral is valid for up to one year from date of request.

A diagnostic exam referral is valid for 90 days from date of request.

**Must have a diagnostic referral before scheduling.**

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Contact Number: \_\_\_\_\_ Patient Insurance: \_\_\_\_\_

Currently Pregnant:  Yes  No Breast Feeding:  Yes  No Implants:  Yes  No Wheelchair:  Yes  No

Referring Physician: (Please Print Clearly) \_\_\_\_\_

Report to additional physicians: (Please Print Clearly) \_\_\_\_\_

### BREAST SCREENING SERVICES

#### Combination 2D Digital Mammography and 3D Digital Breast Tomosynthesis

- Z12.31 Screening Mammogram
- Z12.39 Bilateral Screening Automated Breast Ultrasound (ABUS): Performed as an adjunct to screening mammography in patients with dense breast tissue.

### BONE DENSITOMETRY

(can be done same day as mammogram)

- DEXA
- Vertebral Fracture Analysis **NEW**
- DEXA with Vertebral Fracture Analysis
- DEXA axial skeleton (lumbar and hip)
- Peripheral BMD (forearm)

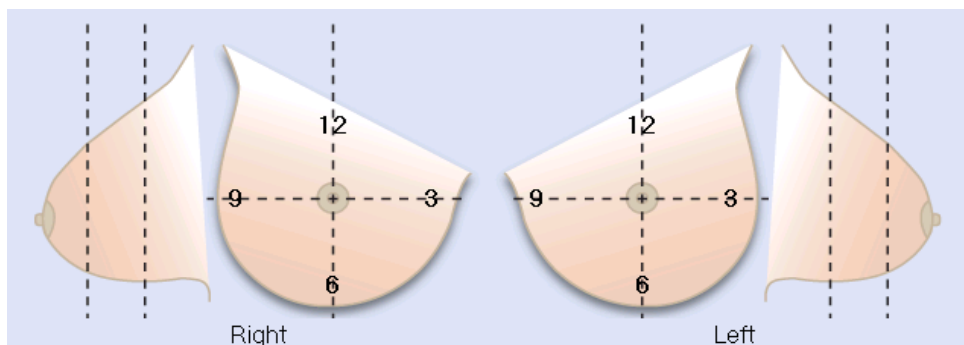
### BREAST MAMMOGRAPHY DIAGNOSTIC SERVICES

#### Combination 2D Digital Mammography and 3D Digital Breast Tomosynthesis

Ultrasound will be performed, if necessary, at additional charge

- |   |   |
|---|---|
| <input type="checkbox"/> N63 Breast Lump  | <input type="checkbox"/> N62 Gynecomastia                   |
| <input type="checkbox"/> N64.4 Breast Pain  | <input type="checkbox"/> Z09 Follow Up                      |
| <input type="checkbox"/> R92.8 Unspecified Abnormal Mammogram (within 1 year)     | <input type="checkbox"/> N61 Inflammatory Disease of Breast |
| <input type="checkbox"/> R59.9 Enlargement/Swelling of Lymph Node NOS             | <input type="checkbox"/> N64.52 Nipple Discharge            |
| <input type="checkbox"/> Z85.3 Personal History of Breast Cancer (within 2 years) | <input type="checkbox"/> N64.53 Retraction of Nipple        |
|   | <input type="checkbox"/> N64.59 Other Disorders of Breast   |

Symptoms/Clinical Findings (**Diagram must be marked**)



### ADDITIONAL SERVICES

- |   |  |                     |  |
|---|--|---------------------|--|
| Ultrasound for Clinical Findings              | <input type="checkbox"/> Right <input type="checkbox"/> Left | Needle Localization | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Stereotactic or Ultrasound Guided Core Biopsy | <input type="checkbox"/> Right <input type="checkbox"/> Left | Cyst Aspiration     | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Ductography                                   | <input type="checkbox"/> Right <input type="checkbox"/> Left | Breast MRI          | <input type="checkbox"/>                                     |