

Breast Imaging/Bone Density
300 Highland Sherman, TX 75090
Scheduling: 903-870-3604 Fax: 903-891-2715

Confirmation # _____ Today's Date/Time: _____ Appointment Date/Time: _____

Patient Name: _____ DOB: _____
Last First MI

Patient Phone (H) _____ (C) _____ (W) _____

Ordering Physician: _____ Phone: _____ Fax: _____
(Please print)

Physician's Signature: _____ Date: _____ Time: _____

Screening Mammography with CAD

*Asymptomatic and negative clinical exam

- Screening Mammogram G0202 & 77052 Screening Mammogram-Implants G0202 & 77052

Diagnostic Breast Imaging with CAD

*Includes Mammogram and/or Breast/Ultrasound per Radiologist

- Bilateral - G0204 & 77051 Right - G0206RT & 77051 Left - G0206LT & 77051

- Bilateral W/Implants G0204 & 77051
 Uni RT W/Implants G0206RT & 77051
 Uni LT W/Implants G0206LT & 77051

Please Illustrate: X=Lump/Palp • =Pain



Symptoms and Indications:

- Palpable Mass Thickening Focal Breast Pain
 Nipple Discharge Abnormal Screening Mammogram
 Follow Up Breast Cancer Post Mastectomy
 Other _____

Breast Biopsy/Intervention

- Bilateral Right Left
- Needle Biopsy Needle Localization/Placement Cyst Aspiration Sentinel Node Injection Lymphoscintigraphy
 Stereotactic Us Guidance Indications: _____

Chest X-ray/Bone Density/DEXA

- Chest X-ray DXA-Bone Density DXA-Bone Density & VFA (Vertebral Fx Assessment) Body Composition

Symptoms and Indications:

- Post Menopausal Female Hyperparathyroidism Estrogen Deficiency Long term steroid therapy/medication Osteoporosis Unspecified
 Other _____

