



Scheduling Number
(985) 773-1500
Fax (985) 898-3749
301 North Hwy. 190, Suite C-2
Covington, LA 70433

Date: _____

Patient Name: _____ DOB: _____

Breast Screening Exams:

Screening Mammogram with or without Tomosynthesis (3-D): _____ Diagnosis Code: Z12.31

- If mammogram reveals abnormality in either breast, add diagnostic mammogram and/or breast ultrasound as indicated by radiologist

Screening Ultrasound: _____ Diagnosis code: Z12.31, R92.2

Screening Bilateral MRI with and without contrast: _____ Diagnosis Code: _____

- Authorization required? no yes If yes # _____

Breast Diagnostic Exams: Diagnosis Code: _____

Diagnostic Mammogram: bilateral left right

Breast Ultrasound: bilateral left right

- If necessary, add diagnostic mammogram and/or breast ultrasound as indicated by radiologist

Bilateral Breast MRI with and without contrast: _____ Diagnosis Code: _____

- Authorization required? no yes If yes # _____

Breast Procedures: Diagnosis Code: _____

Breast Biopsy: left right

Mammography Stereotactic Ultrasound MRI

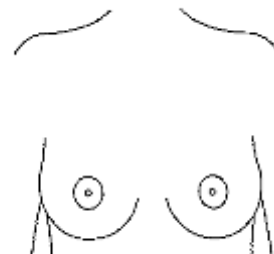
- Authorization required? no yes If yes # _____

Needle localization: left right

Sentinel Node Injection: left right

Fine Needle Aspiration: left right

Galactogram: left right



Dexa Scan: _____ Diagnosis code: _____

Please wear a two piece outfit. You will be asked to undress from the waist up. Do not wear any deodorant, perfume, powder or lotion. It is very important to bring any mammogram films done from another facility for comparison.

Physician Signature: _____