

PROVIDER NAME: _____ Signature: _____ NPI: _____

Phone: _____ Fax: _____ Date: _____

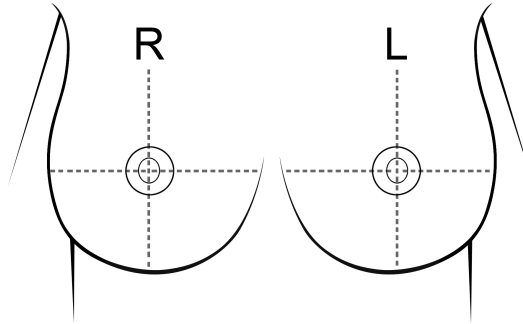
PATIENT NAME: _____ Date of birth: _____ Phone: _____

REASON FOR EXAM (SELECT ALL THAT APPLY)

Location of clinical concern:

LOCATION PREFERENCE

- Screening (for mammogram only, Z12.31)
- Abnormal mammogram (R92.2)
- Breast pain (N64.4)
- Breast lump (N63.0):
 - Right (N63.1) Left (N63.2)
- Nipple discharge (N65.52)
- Personal history of breast cancer (Z85.3)
- Family history of breast cancer (Z80.3)
- Fibrocystic changes (N60.19)
- Other signs and symptoms in breast (N64.59)
- Dense breast tissue (N64.59)
- Other ICD-10 code: _____



- League City
- Texas Medical Center
- The Woodlands
- West Houston

COMPLETE BREAST IMAGING WORKUP (N64.59)

- Diagnostic workup per radiologist: Screening or diagnostic mammogram, ultrasound, ultrasound needle biopsy and/or stereotactic biopsy, as indicated
 - Left Right Bilateral

BREAST SCREENING EXAMINATIONS | ASYMPTOMATIC PATIENT

- Screening mammogram with 3D tomosynthesis
 - Left Right Bilateral
- Screening breast ultrasound (reason for exam required)
 - Left Right Bilateral
- Screening breast MRI with and without contrast (reason for exam required)
 - Left Right Bilateral

BREAST DIAGNOSTIC EXAMINATIONS

- Diagnostic mammogram with 3D tomosynthesis and possible ultrasound, as needed
 - Left Right Bilateral
- Diagnostic mammogram with 3D tomosynthesis
 - Left Right Bilateral
- Ultrasound breast (to include regional and supraclavicular nodal basins with possible biopsy)
 - Left Right Bilateral
- Ultrasound regional nodal basins (ultrasound extremity)
 - Left Right Bilateral
- MRI breast with and without contrast, bilateral (diagnostic)
- MRI breast without contrast, bilateral (silicone implants only)
 - MRI authorization #: _____

BIOPSY

- Ultrasound-guided breast biopsy
 - Left Right Bilateral
- MRI-guided breast biopsy
 - Left Right Bilateral
- Stereotactic breast biopsy
 - Left Right Bilateral

(MD Anderson-interpreted diagnostic imaging should precede any order for biopsy)

BONE DENSITOMETRY

REASON FOR EXAM (SELECT ALL THAT APPLY)

- DEXA bone densitometry
 - Screening for osteoporosis
 - Osteoporosis
 - Osteopenia
- Post-menopausal, natural status
- Post-menopausal, using HRT
- Long-term, current use of steroids or high-risk medications