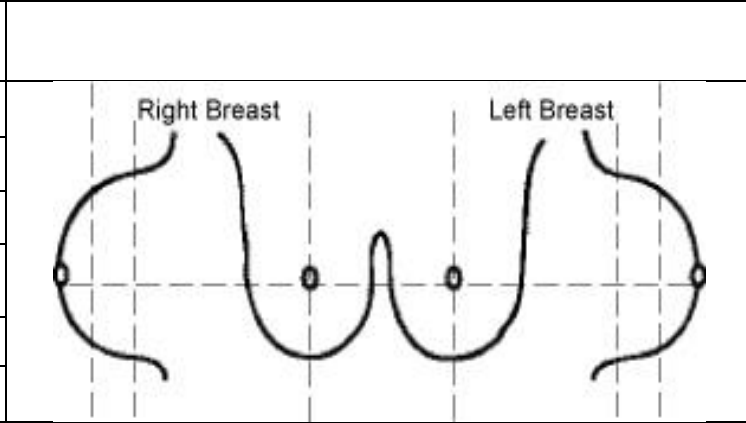


Patient Name _____ Date of Birth _____ Social Security # _____ Address _____ City _____ State _____ Zip _____ Telephone # _____ Primary Insurance _____ Primary Policy # _____ Group # _____ Secondary Insurance _____ Secondary Policy # _____ Group # _____	Ordering Physician Signature _____ Ordering Physician _____ (Please print) Primary Care Physician _____ Send Copy To _____ Fax Results To _____ Diagnosis #1 _____ ICD-10 Code _____ Diagnosis #2 _____ ICD-10 Code _____ Diagnosis #3 _____ ICD-10 Code _____ Diagnosis #4 _____ ICD-10 Code _____
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<p style="text-align: center;">CLIENT (CLINIC) INFORMATION</p> <p>Notice: Medicare will only pay for tests that meet the Medicare definition of "Medicare Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed an Advanced Beneficiary Notice (ABN).</p> <p>IMAGING – Is ABN Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Breast Diagram for physician use only Physicians please mark the location of any palpable masses. Notes:</p>
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MAMMOGRAPHY	
	Screening Mammogram - Asymptomatic
	Mammogram Right Side – Diag. w/ US if indicated
	Mammogram Left Side – Diag. w/ US if indicated
	Mammogram Bilateral Side – Diag. w/ US if indicated



SPECIAL PROCEDURES	
	Ductogram Right / Left
	Core Biopsy Right / Left
	FNA / Cyst Aspiration Right / Left

ULTRASOUND (exams will take 30-60 minutes to complete) NOTICE: Patient exams may be rescheduled if prep is not complete.	
	Breast Right _____ Left _____
	Abdomen Complete Prep: Fat free meal night before exam, nothing to eat or drink after midnight.
	Aorta Prep: Fat free meal night before exam, nothing to eat or drink after midnight.
	Gall Bladder Prep: Fat free meal night before exam, nothing to eat or drink after midnight.
	Pancreas Prep: Fat free meal night before exam, nothing to eat or drink after midnight.

BONE DENSITOMETRY	
	Bone Density
	Bring current medication list with dosage.

	Hepatic Prep: Fat free meal night before exam, nothing to eat or drink after midnight.
	Renal Bilateral Prep: Must have full bladder; drink 24 OZ. fluid finishing 30 min. prior to exam. Do not urinate.
	Non-Pregnant Pelvis w/Vaginal if indicated Prep: Must have full bladder; drink 32 OZ. fluid finishing 30 min. prior to exam. Do not urinate.
	Pregnancy w/Vaginal if indicated Prep: Must have full bladder; drink 32 OZ. fluid finishing 30 min. prior to exam. Do not urinate.