

Physician's & Surgeon's Office (next to the hospital)
77 W. Forest Ave., Ste. 101 • Flagstaff, AZ 86001-1482
Phone: (928) 773-2515 • Fax: (928) 773-2521

Appt Date/Time	Arrival Time	Suite #
Patient's Legal Name	D.O.B.	Patient's Phone Number
Insurance	Prior Authorization #	
DIAGNOSTIC BREAST IMAGING It is NAR's policy to include both a mammogram and a breast ultrasound as protocol for diagnostic imaging. Patients under 30 years of age will undergo breast ultrasound imaging first and the Radiologist may cancel the diagnostic mammogram at their discretion.		

EXAMINATION

DEXA Scan DEXA Scan with Fracture analysis ICD-10 code _____

- Screening 3D Mammogram
- Diagnostic 3D Mammogram Bilateral Right Left
- Breast Ultrasound Bilateral Right Left
- Breast MRI

- Biopsies
- Stereotactic Core Biopsy**
(Must be calcifications or lesions not see on breast ultrasound)
- Right Breast Left Breast Multiple sites _____
Indicate the location of biopsy _____

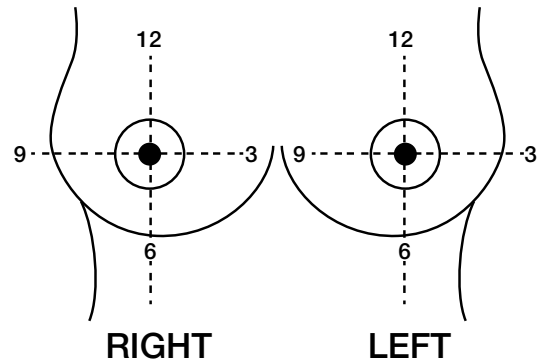
- Ultrasound Core Biopsy (Not intended for calcifications)
- Right Breast Left Breast Multiple sites _____
Indicate the location of biopsy _____

- Needle Localization (Requires a surgeon and O.R. time)
- Mammography guided Ultrasound guided MRI guided
- Lymphoseek dose only
- O.R. Time _____ O.R. Location _____
- Right Breast Left Breast Multiple sites _____
Indicate the location of biopsy _____

- MRI guided Core Biopsy
(Must have had a prior Breast MRI indicating abnormality)
- Right Breast Left Breast Multiple sites _____
Indicate the location of biopsy _____

Reasons For Diagnostic Mammogram / Ultrasound

- Palpable Lump or Thickening in Breast or Axilla
(MARK LOCATION ON DIAGRAM ↓)
- Focal Breast Pain (MARK LOCATION ON DIAGRAM ↓)
- Breast Skin Abnormality
- Nipple Discharge or Nipple Abnormality
- Abnormal Screening Mammogram
- Short Term Follow-up
(Post Biopsy, Radiologist Recommendation)
- Breast Cancer History (Lumpectomy, Mastectomy)
- Abnormal Imaging Study Suggesting Breast Abnormality
(CT, MRI, Nuclear Medicine)
- Male Breast Abnormality
- Implant Abnormality/Rupture
- Other Diagnostic Indication for Exam



INDICATIONS: Describe reason for diagnostic imaging and mark above diagram.

PHYSICIAN

CHECK HERE IF ADDITIONAL STUDIES MAY BE PERFORMED AS DETERMINED BY THE RADIOLOGIST. Including mammographic views and/or breast ultrasound, and/or Core Biopsy.

Ordering Provider's Name _____

Ordering Provider's Signature _____

Date _____

cc to additional medical provider: _____

Not valid if presented without provider's signature