



**MRN #:** \_\_\_\_\_ **ORDER DATE:** \_\_\_ / \_\_\_ / \_\_\_ **EXAM DATE:** \_\_\_ / \_\_\_ / \_\_\_ **TIME:** \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Provider Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ CC Doctor: \_\_\_\_\_  
 Ordering Facility: \_\_\_\_\_

**INSURANCE:**

Medicare     Premera     Kaiser  
 Medicaid     L&I     Other: \_\_\_\_\_

**LOCATION OF PREVIOUS RELATED STUDIES**

ROCKWOOD     OTHER \_\_\_\_\_  
 DATE OF LAST MAMMOGRAM \_\_\_\_\_  
**BREAST IMPLANTS**     YES     NO

**MAMMOGRAPHY**

SCREENING ASYMPTOMATIC PATIENTS WITH DIAGNOSTIC MG AND US IF INDICATED AND BIOPSY IF NEEDED  
 BILATERAL     RIGHT     LEFT  
 CLINICAL MAMMOGRAM WITH ULTRASOUND IF INDICATED AND BIOPSY IF NEEDED  
 BILATERAL     RIGHT     LEFT  
 FOLLOW UP ABNORMAL BREAST IMAGING W/US IF INDICATED AND BIOPSY IF NEEDED  
 BILATERAL     RIGHT     LEFT

**BREAST ULTRASOUND**

RIGHT     LEFT  
 ONE SITE \_\_\_\_\_     MULTIPLE SITES \_\_\_\_\_  
 DIAGNOSTIC MAMMOGRAM & BIOPSY IF INDICATED

**BREAST PROCEDURES**

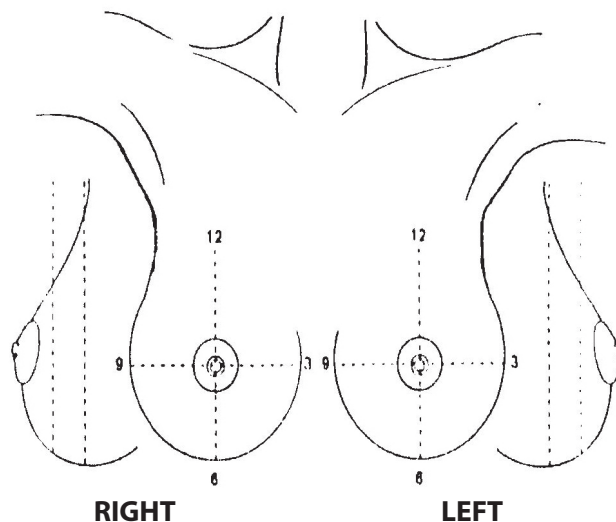
RIGHT     LEFT  
 ONE SITE \_\_\_\_\_     MULTIPLE SITES \_\_\_\_\_  
 STEREOTACTIC BIOPSY/AFFIRM 3D™ BIOPSY  
 GALACTOGRAM  
 US GUIDED NEEDLE CORE BIOPSY  
 US GUIDED NEEDLE ASPIRATION  
 MRI GUIDED BIOPSY     WIRE LOCALIZATIONS  
**REFERRAL/AUTH NUMBER** \_\_\_\_\_

**MAGNETIC RESONANCE (MRI)**

BREAST MRI WITH CONTRAST  
 BREAST MRI WITHOUT CONTRAST  
 (SILICONE BREAST IMPLANT INTEGRITY)  
**eGFR** \_\_\_\_\_    **DATE** \_\_\_\_\_  
**REFERRAL/AUTH NUMBER** \_\_\_\_\_

Clinical Diagnosis \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Area of Concern: \_\_\_\_\_

**PLEASE MARK AREA OF CONCERN ON DIAGRAM**



**ICD-10 CODE / DIAGNOSIS**

- Z12.31      Screening Mammogram
- N60.19      Breast cyst
- N64.4        Breast tenderness
- N64.4        Breast pain
- N63          Lump or mass in breast
- C50.919     Breast cancer
- N64.51      Breast redness
- N64.52      Nipple discharge
- N64.53      Inversion of nipple
- R92.0        Calcs/Micro calcifications
- R92.8        Additional imaging of breast
- R92.8        Breast follow up
- Z80.3        Family history of breast cancer

To ensure correct and appropriate patient care and comply with federal rules and regulations a written referral from the treating physician is required. PLEASE SPECIFY ICD-10 CODE OR DIAGNOSIS (Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, possible or probable conditions cannot be coded.)

# PREPS

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## SCREENING / DIAGNOSTIC MAMMOGRAPHY:

On the day of your mammogram, do not apply talcum powder or deodorant in the breast or underarm area. These products can alter the quality of the images taken during your exam.

The radiologist will interpret your images promptly and a report will be sent directly to your physician. In addition, you will receive a letter informing you of your results.

# MAPS

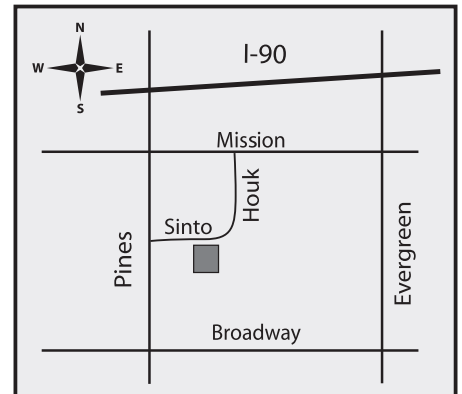
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## MultiCare Rockwood Breast Health Center

12410 E. Sinto Avenue, Suite 105  
Spokane Valley, WA 99216  
*Scheduling: 509-755-5801*

**From I-90 West:** Take Pines Road exit and take a right on Pines. Turn left on Mission Avenue and then take a right on Houk Road. Take a right on Sinto Avenue and then turn left into the parking lot.

**From I-90 East:** Take Pines Road exit and take a left on Pines. Turn left on Mission Avenue and then take a right on Houk Road. Take a right on Sinto Avenue and then turn left into the parking lot.



## MultiCare Rockwood Main Clinic

400 E. Fifth Avenue | Spokane, WA 99202  
*General Imaging Scheduling: 509-342-3555*  
*Breast Imaging Scheduling: 509-755-5801*

**From I-90 West:** Take Division Street exit. Keep right to traffic light. Proceed east on 4th Avenue, as it turns into 5th. Rockwood is on right side.

**From I-90 East:** Take 2nd Avenue exit and proceed west to Sherman Avenue. Turn left and cross over freeway to 5th Avenue. Turn right, one block for patient parking.

