

CHART #: _____ **ORDER DATE:** ___/___/___ **EXAM DATE:** ___/___/___ **TIME:** _____
 Patient Name: _____ Referring Physician: _____
 D.O.B. _____ Provider Signature: _____
 Home Phone: _____ CC Doctor: _____
 Ordering Department: _____

INSURANCE:

Medicare Premera GHNW
 Medicaid L&I Other: _____
 Referral/Auth Number: _____

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 _____
 TARGETED BREAST AFTER MRI

BREAST PROCEDURES

RIGHT LEFT
 ONE SITE _____ MULTIPLE SITES _____
 STEREOTACTIC BIOPSY
 GALACTOGRAM
 US GUIDED NEEDLE CORE BIOPSY
 US GUIDED NEEDLE ASPIRATION
 MRI GUIDED BIOPSY

MAGNETIC RESONANCE (MRI)

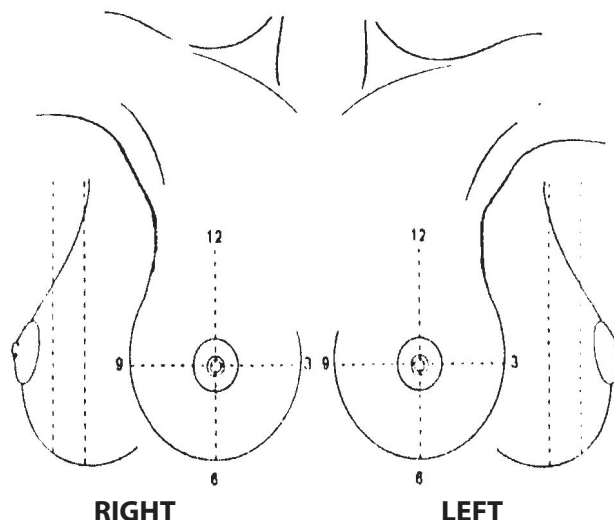
BREAST MRI WITH CONTRAST
 (SCREENING/EXTENT OF DISEASE)
 BREAST MRI WITHOUT CONTRAST
 (SILCONE BREAST IMPLANT INTEGRITY)

eGFR _____ **DATE** _____

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
 280.3 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-9 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

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.

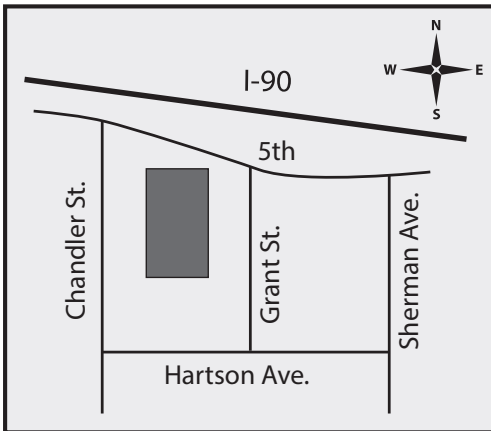
MAPS

Rockwood Main Clinic

400 E. Fifth Avenue
Spokane, WA 99202

General Imaging Scheduling - **509.342.3555**

Breast Imaging Scheduling - **509.755.5801**



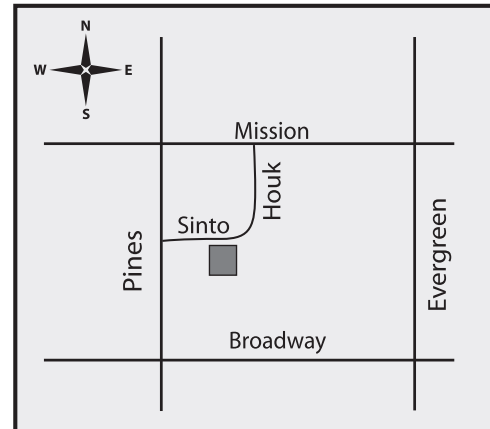
From I-90 West: Take Division Street exit. Keep right to traffic light. Proceed east on 4th Avenue, as it turns into 5th. Rockwood is on right side.

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.

Rockwood Breast Health Center

12410 E. Sinto Avenue, Suite 105
Spokane Valley, WA 99216

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.