



Place Patient Label
Inside This Box

Moore Free Care Clinic
Mammogram Screening 2D
Register as Pending Medicaid
Primary Care Physician should be #3823 Moore Free Care

Name _____ Sex _____ Age _____ Date of Birth _____
 Telephone (Home) _____ (Work) _____ (Mobile) _____
 SS# _____ (last 4 digits only)
 Print Name of Physician Dr. _____
Physician Signature (Required) _____ **Date/Time (Required):** _____

CHECK PROCEDURE AND INSERT ICD-10 CODE	
Procedure	DX Code
<input type="checkbox"/> Right Breast Screening	<input type="checkbox"/> Z12.31 – Screen Mammogram
<input type="checkbox"/> Left Breast Screening	
<input type="checkbox"/> Bilateral Breast Screening	
Comments	

Instructions to Healthcare Provider:

Does the patient fit the screening mammogram criteria?

- The patient does not currently have any new or changing breast problems (lumps, discharge, etc).
- This mammogram is not a follow-up to any abnormal mammogram or other abnormal breast imaging (ultrasound, MRI, or incidental finding on chest CT, etc).
- The patient has not been diagnosed with breast cancer or has been cancer free for over 5 years.
- The patient's last screening mammogram was performed at least a year ago.

If the preceding criteria are not met, the mammogram is not considered to be a screening examination. It must be written as a diagnostic mammogram and handled through the clinic's other diagnostic protocols.

Patient should only be scheduled for testing at Moore Regional Hospital.

Appointment date/time _____