



1POREF001

Place Patient Label
Inside This Box

7040.03.15772.00.lee Sunset Date: 8/2022

Name:	Sex:	Date of Birth:	Age:	SS#:
Telephone: (Home)	(Work)	(Mobile)	PreCert/Auth#:	
Physician Ph#	Physician Fax#:	Print Name of Physician:		

Physician Signature (Required) _____ **Date/Time (Required):** _____

<input type="checkbox"/> APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM	Appointment Date/Time:	<input type="checkbox"/> Spoke to patient	<input type="checkbox"/> Left message for Patient	<input type="checkbox"/> No answer
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IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION: Day of the week: _____ Preference: Morning Afternoon

Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.

ATTENTION PATIENT: Please bring a written list of all your current medications.

If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778.

CHECK PROCEDURE AND INSERT ICD-10 CODE

2D Mammography		CPT	DX CODE
<input type="checkbox"/>	2D Diagnostic Bilateral	77066	
<input type="checkbox"/>	2D Diagnostic Unilateral <input type="checkbox"/> L <input type="checkbox"/> R	77065	
<input type="checkbox"/>	2D Screening Bilateral	77067	
<input type="checkbox"/>	2D Screening Unilateral <input type="checkbox"/> L <input type="checkbox"/> R	7706752	
3D Mammography		CPT	DX CODE
<input type="checkbox"/>	3D Screening Bilateral	77067 77063	
<input type="checkbox"/>	3D Screening Unilateral <input type="checkbox"/> L <input type="checkbox"/> R	7706752 7706352	
<input type="checkbox"/>	3D Diagnostic Bilateral	77066 G0279	
<input type="checkbox"/>	3D Diagnostic Unilateral <input type="checkbox"/> L <input type="checkbox"/> R	77065 G0279	

Bone Density		CPT	DX CODE
<input type="checkbox"/>	Dexascan- Bone Density only	77080	
<input type="checkbox"/>	Dexascan-Bone Density w/ Vertebral Fx Assess	77085	

Comments: _____

Please answer the following questions prior to scheduling the patient.

When was the patient's last screening Mammogram? _____

Where are the patient's prior mammography's images? _____

Is this the first mammogram for the patient? Yes No

Does the patient have breast implants? Yes No

Has the patient been diagnosed with breast cancer within the last 5 years? Yes No

****Special Instructions to Ordering Physician:**

ATTENTION PATIENT: Please bring a written list of all your current medications.

We request that patients arrive at the registration desk thirty minutes prior to the scheduled appointment, unless otherwise specified.

