



1POREF001

Place Patient Label
Inside This Box

7040.03.15772.01.moore Sunset Date: 5/2023

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
--	------------------------	---	---	------------------------------------

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 Also order Ultrasound Breast if medically necessary	77066 7664250	
<input type="checkbox"/>	2D Diagnostic Unilateral <input type="checkbox"/> L <input type="checkbox"/> R Also order Ultrasound Breast if medically necessary	77065 76642	
<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 Also order Ultrasound Breast if medically necessary	77066 G0279 7664250	
<input type="checkbox"/>	3D Diagnostic Unilateral <input type="checkbox"/> L <input type="checkbox"/> R Also order Ultrasound Breast if medically necessary	77065 G0279 76642	

Bone Density		CPT	DX CODE
<input type="checkbox"/>	Dexascan- Bone Density only	77080	
<input type="checkbox"/>	Dexascan-Bone Density w/ Vertebral Fx Assess	77085	
Mammography Procedures		CPT	DX CODE
<input type="checkbox"/>	Savi Scout Needle Loc w/ Mammo <input type="checkbox"/> L <input type="checkbox"/> R	19281	
<input type="checkbox"/>	Stereotactic Biopsy with Pathology <input type="checkbox"/> L <input type="checkbox"/> R	19081	

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.

Please check designated parking area for patients:

- Outpatient parking:** Monday-Friday, 4:30 a.m. – 9:30 p.m., Saturday, 5:30 a.m. – 7:00 p.m. Closed Sunday.
- Outpatients should use the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.
- Pre-Admission Parking** is available in the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.

