

Patient Name: _____

Phone: _____

Date of Birth: _____

Breast Imaging Order Form

APPOINTMENT DATE: _____ TIME: _____

Screening☐ **3D SCREENING MAMMOGRAM (77063 + 77067)**

- At least 366 days since last mammogram
- Patient is currently asymptomatic (no new problems, no pain, no mass / thickening, no spontaneous clear or bloody nipple discharge, no skin changes)

☐ **Bilateral Whole Breast Screening Ultrasound (76641 x 2)**

- Dense Breast patients only
Category C heterogeneously dense or Category D extremely dense

Diagnostic☐ **Diagnostic Mammogram with Ultrasound if needed**

- ☐ Bilateral (77062 + 77066) ☐ Right Breast (77061 + 77065) ☐ Left Breast (77061 + 77065)

☐ **Diagnostic Breast Ultrasound**

- ☐ Bilateral (76642 RT + 76642LT) ☐ Right Breast (76642RT) ☐ Left Breast (76642LT)

☐ **Diagnostic Breast CT (Compression Free- 3D Breast Imaging)**

- ☐ Without Contrast ☐ With Contrast
☐ Bilateral ☐ Right Breast ☐ Left Breast

INFINITE IMAGING

100 Stoneforest Dr - Suite 110, Woodstock, GA 30189

Phone: 678-653-8211

Fax: 706-608-8296

1/2 mile from I-575 - exit 8 Town Lake Parkway to Stoneforest Drive (right before Longhorn)

1st Floor – Suite 110 – Go past elevators – take a right at the hallway - last door on left

Date

Provider Name

Provider Signature