SSM HEALTH·CARE St. Mary's Health Center

MAMMOGRAPHY ORDER FORM

Clayton Health Services **Women's Imaging Center** 1031 Bellevue Ave., Suite 100 Phone: (314) 768-8050 **Please fax orders to: (314) 255-1463**	**For appointment call (314) 768-8353** **Hours: Mammography, Breast Ultrasound, Biopsy** By appointment: Monday - Friday 8 a.m. to 5 p.m. with Tuesday evening hours until 8 p.m. Saturday 8 a.m. to 1 p.m.

DOCTOR:

PATIENT INFORMATION

NAME (Please Print) LAST FIRST MI BIRTH DATE

SCREENING EXAMINATION

Please indicate the diagnosis for each test ordered on the line provided.

Screening Mammogram:

☐ Screening mammogram with diagnostic mammogram and/or ultrasound as recommended
☐ Screening with implants
☐ Screening

DIAGNOSTIC EXAMINATION

Diagnostic Mammogram with ultrasound and/or biopsy recommended: ☐ Bilateral ☐ Right Breast ☐ Left Breast

☐ Diagnostic / personal history breast cancer
☐ Diagnostic / breast pain, mastodynia
☐ Diagnostic / breast lump
☐ Diagnostic / breast discharge, inverted nipple
☐ Diagnostic / skin dimpling
☐ Diagnostic / abnormal screening mammogram
☐ Diagnostic / other: _____

_____ R _____ L

Breast ultrasound: ☐ Bilateral ☐ Right Breast ☐ Left Breast

☐ Abnormal mammogram
☐ Breast Cyst, one
☐ Breast Cyst, multiple
☐ Other: _____

Biopsy: ☐ Bilateral ☐ Right Breast ☐ Left Breast

☐ Stereotactic
☐ Ultrasound guided
☐ Diagnosis _____

➤ INSURANCE PRECERTIFICATION NUMBER _____

CONTACT _____ DATE _____ TIME _____

PHYSICIAN SIGNATURE _____ **DATE** _____