

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Reason for Exam: \_\_\_\_\_

\_\_\_\_\_

Please Call Patient yes ☐ no ☐

Other Procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REQUESTING PHYSICIAN INFORMATION

Fax Report: \_\_\_\_\_

Phone Report: \_\_\_\_\_

Referring Physician Phone: \_\_\_\_\_

CD with Images ☐ STAT ☐

Authorization #: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_

- ☐ **Screening Mammogram** (To include Diagnostic Mammogram and/or Breast Ultrasound if required)

DX: Z12.31 Encounter for screening mammogram for malignant neoplasm of breast

- ☐ **Screening Mammogram w/Ultrasound** (To include Biopsy if required)

DX: Z12.31 Encounter for screening mammogram for malignant neoplasm of breast

### For Ultrasound:

☐ R92.2 Dense Breast or inconclusive mammogram

☐ D49.3 Breast Nodule

☐ N60.1 Fibrocystic Disease

- ☐ **Diagnostic Mammogram** (To include Ultrasound if required, Biopsy if required)

☐ Right ☐ Left ☐ Bilateral

- ☐ **Breast Ultrasound** (To include diagnostic mammogram if required for diagnosis, include Biopsy if necessary)

☐ Right ☐ Left ☐ Bilateral

**Diagnosis:** Please check all that apply

### Symptomatic

☐ N60.19 Breast Cyst

☐ N64.4 Breast Pain/Tender

☐ N63.0 Breast Lump

☐ N64.52 Nipple Discharge

☐ Z80.3 Family History of Breast cancer

### Follow-up Abnormal Breast Imaging

☐ D49.3 Breast Nodule

☐ R92.8 Abnormal screening

☐ R92.1 Calcifications

☐ Priors done at another facility, please include reportS

- ☐ **Breast MRI with and without contrast**

☐ Z80.3 Family History ☐ Z15.1 Gene Positive

☐ N64.4 Pain/Tender

☐ N64.52 Nipple Discharge

☐ Z15.1 Increased Risk ☐ R92.8 Abnormal Imaging ☐ N63.0 Breast Lump ☐ Z85.3 Breast Cancer

☐ Priors done at another facility, please include reports

- ☐ **Breast MRI without contrast**

DX: Implant Status



## PROCEDURES

3D Screening Mammogram	150
3D Diagnostic Mammogram	230
Stereotactic Breast Biopsy	1,000
Ultrasound Guided Biopsy	650
Bone Density	100
Breast Ultrasound	150
Breast MRI Bilateral w/wo Contrast	600

## LOCATIONS

3310 Richmond Avenue, Houston, TX 77098

427 W 20th St, Suite 401, Houston, TX 77008

9230 Katy Freeway, Suite 440 Houston, TX 77055

3322 E. Walnut St, Suite 105 Pearland, TX 77581

1155 Dairy Ashford Rd. Suite 105 Houston, TX 77079

PHONE: 713.589.5200 FAX: 713. 383.9933

WWW.HMIXRAY.COM

## PROCEDURES

### 3D Tomosynthesis

An imaging test that combines multiple breast x-rays to create a three-dimensional picture of the breast. Combining a 3D mammogram with a standard mammogram can reduce the need for follow-up imaging & improve breast cancer detection in dense breast tissue.

### Screening Mammogram

Usually involves 2 or more x-ray images of each breast. These images often make it possible to detect tumors that cannot be felt. Screening mammograms can also find microcalcifications (tiny deposits of calcium) that sometimes indicate the presence of breast cancer.

### Diagnostic Mammogram

Imaging Exam used after suspicious results on a screening mammogram or after some signs of breast cancer alerts the physician to check the tissue. Such signs may include a lump, breast pain, or nipple discharge.

### Breast Ultrasound

An imaging technique that uses high-frequency sound waves to produce detailed images of the breast tissue. It works in conjunction with a mammogram to distinguish whether a lesion is cystic or solid.

### Bone Density

A non-invasive test that measures bone mineral density to assess if a person is at risk of osteoporosis or fracture.