

Your appointment is scheduled / Su cita está previsto:

Date/Fecha: _____ Time/Hora: _____

Arrival Time/Hora de llegada: _____

DATE OF ORDER: _____

Patient Name _____ DOB _____

Ph _____ Cell Ph _____ Work/Alt _____

Primary Ins _____ Policy # _____

Authorization # _____

Desert Radiology to OBTAIN AUTH

History / Symptoms (required) _____

ICD-10 / Diagnosis _____

Referring Physician _____

Ph _____ Fx _____ CC Physician _____

Office Contact _____ CALL REPORT _____

STAT

CD to Office CD w/ Patient DICOM CD to Office Other _____

For patient exam prep instructions visit us at DesertRad.com or call our Patient Care Center at 702-759-8600.

Para las instrucciones de preparación para el examen del paciente, visítenos en línea en DesertRad.com o llame a nuestro Centro de Atención al Paciente al 702-759-8600.

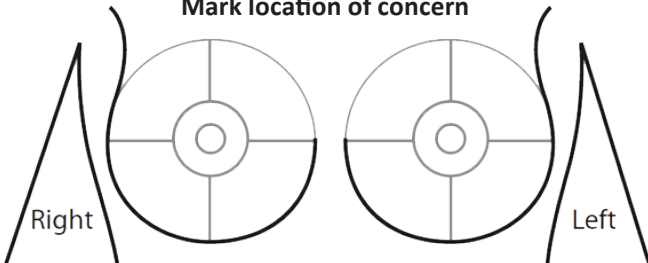
Mammography:

- Mammo **SCREENING** or Mammo **DIAGNOSTIC** w/ **US** (as needed, per patient symptoms)
- Mammo **SCREENING** w/follow-up **DIAGNOSTIC** w/ **US** (as needed)
- Mammo **DIAGNOSTIC** w/ **US** (as needed)

3D (as requested - screening or diagnostic)
Note: 3D may not be covered by insurance, including Medicare. Cash price available. Please call DR for more info.

FOR DIAGNOSTIC MAMMO ONLY!!

Mark location of concern



ICD 10 CODE / DIAGNOSIS:

- | | |
|---|---|
| <input type="checkbox"/> Z12.31 Screening Mammogram | <input type="checkbox"/> N64.53 Inversion of nipple |
| <input type="checkbox"/> N60.19 Breast cyst | <input type="checkbox"/> R92.0 Calcs/Micro calcifications |
| <input type="checkbox"/> N64.4 Breast tenderness / pain | <input type="checkbox"/> R92.8 Additional imaging of breast |
| <input type="checkbox"/> N63 Lump or mass in breast | <input type="checkbox"/> R92.0 Breast follow up |
| <input type="checkbox"/> C50.919 Breast Cancer | <input type="checkbox"/> Z80.3 Family history breast cancer |
| <input type="checkbox"/> N64.51 Breast redness | <input type="checkbox"/> Z85.3 Personal history breast cancer |
| <input type="checkbox"/> N64.52 Nipple discharge | |

Other Women's Imaging

- Breast US _____ Bilateral Left Right
- Breast MRI w/ & wo _____
- Ultrasound Other (specify) _____
- Breast Biopsy **STEREOTACTIC** _____
- Breast Biopsy **US Guided** _____
- Breast Biopsy MRI _____
- DEXA _____ ADD Vertebral Height
- X-RAY (walk-in basis only, No Appointments) _____