

**Lawrenceville**  
 2878 Five Forks Trickum Rd.  
 Suite 1A  
 Lawrenceville, GA 30044  
 Call / Text : 678-730-4144  
 Direct: 678-221-8000  
 Fax: 678-387-2300



**REAGAN**  
**IMAGING CENTER**  
 www.rmc.md  
 www.reaganmedical.com

**Hamilton Mill**  
 3685 Braselton Highway  
 Suite 105  
 Dacula, GA 30019  
 Call / Text : 678-730-4144  
 Direct: 678-221-8000  
 Fax: 678-387-2300

**Same Day Appointments Available!! \***

\*subject to Insurance approval.

## MAMMOGRAM

Mon - Fri 8AM - 5PM  
 Sat & Sun - Appointments Only



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

Contact Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

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

(Please fax front & back of Patient's Insurance Card and any Clinical Information)

☐ Call pt. to schedule ☐ Call Report ☐ Send CD w/pt ☐ Stat-call back# \_\_\_\_\_

### 3D+2D SCREENING MAMMOGRAM\*

- ☐ Bilateral (77067, 77063) ☐ Implants  
☐ Right (77067, 77063 w mod52) ☐ Left (77067, 77063 w mod52)

### 3D+2D DIAGNOSTIC MAMMOGRAM\*

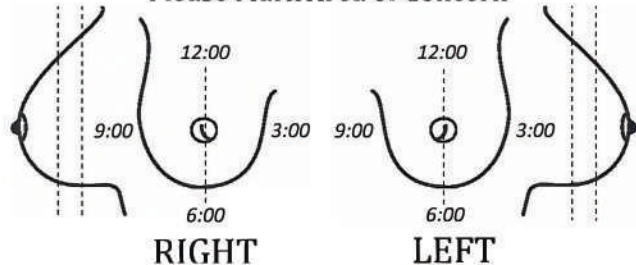
- ☐ Bilateral (77066, 77062) ☐ Implants  
☐ Right (77065, 77061) ☐ Left (77065, 77061)

\*Diagnostic mammography and/or breast Ultrasound is performed when medically necessary (ex: Level C / Level D dense breast and or BIRAD 0 etc)

- ☐ Mammogram Screening - High Risk Z12.31  
☐ ULB\* Unspecified Quadrant ☐ Right (N63.10) ☐ Left (N63.10)  
☐ ULB\* Upper Outer Quadrant ☐ Right (N63.11) ☐ Left (N63.21)  
☐ ULB\* Upper Inner Quadrant ☐ Right (N63.12) ☐ Left (N63.22)  
☐ ULB\* Lower Outer Quadrant ☐ Right (N63.13) ☐ Left (N63.23)  
☐ ULB\* Lower Inner Quadrant ☐ Right (N63.14) ☐ Left (N63.24)  
☐ ULB\* Overlapping Quadrants ☐ Right (N63.15) ☐ Left (N63.25)

\*ULB (Unspecified Lump in the Breast)

#### Please Mark Area of Concern



After your screening mammogram, if further imaging is needed (10-15% of the time), our RMC team will contact you to schedule additional tests.

Our advanced 3D Mammography (GE Pristina Dueta) allows patients to control breast compression levels with a simple touch, easing fear and anxiety.

- ☐ **BONE DENSITOMETRY** Hip+Spine (77080) with Trabecular Bone Score (TBS) and FRAX Score (77089)
- |   |          |
|---|----------|
| <input type="checkbox"/> Symptomatic Premature Menopause  | E28.310  |
| <input type="checkbox"/> Asymptomatic Premature Menopause   | E28.319  |
| <input type="checkbox"/> Long term (current) use of Inhaled Steroids  | Z79.51   |
| <input type="checkbox"/> Long term (current) use of Systemic Steroids   | Z79.52   |
| <input type="checkbox"/> Osteopenia Neck of Femur - Right   | M85.851  |
| <input type="checkbox"/> Osteopenia Neck of Femur - Left  | M85.852  |
| <input type="checkbox"/> Osteoporosis   | M81.0    |
| <input type="checkbox"/> Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture | M48.50XA |

### Patient's Preparation and Instructions

- Due to the nature of the exam and radiation exposure, children cannot accompany you in the exam room.
- Please prefer to wear two pieces of clothing. Also, please do not wear powder, lotion, perfume or deodorant in the breast or underarm area as it can interfere with the image quality.
- Please bring previous mammogram images or reports from other offices (if any) for comparison.
- Avoid scheduling your mammogram the week before your period as breasts are usually tender during this time.
- Always inform your healthcare provider if there is any possibility that you may be pregnant.
- For Bone Densitometry: Wear loose comfortable clothing with no metal snaps or zippers.

### PHYSICIAN'S OFFICE CONTACT INFORMATION

Physician's Name: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Physician's Date: \_\_\_\_\_