

Laguna Hills
24401 Calle de la Louisa, Suite 200
Laguna Hills, CA 92653

Irvine Sand Canyon
15500 Sand Canyon Ave., Suite 120
Irvine, CA 92618

Irvine Barranca
4040 Barranca Parkway, Suite 110
Irvine, CA 92604

Rancho Mission Viejo
30492 Gateway Place, Suite 100
Rancho Mission Viejo, CA 92694

TODAY'S DATE _____

PATIENT NAME _____ DOB _____

PATIENT'S PHONE NUMBER _____

REFERRING PHYSICIAN _____ PHONE NUMBER _____

Referring Physician Signature (Required) _____

SCREENING MAMMOGRAM: 3D/Tomosynthesis

Routine Examination: *Includes asymptomatic patients with usual pain/tenderness or augmentation.*
If abnormality found, work up with additional exams – mammography, ultrasound, aspiration, needle biopsy or ductogram.
MRI as indicated.

DIAGNOSTIC EVALUATION: 3D/Tomosynthesis
(DIAGNOSTIC PRESCRIPTION MUST BE PRESENTED AT APPOINTMENT)

If abnormality found, work up with additional exams – mammography, ultrasound, aspiration, needle biopsy or ductogram. MRI as indicated.

BREAST LUMP / MASS
(PLEASE MARK LOCATION ON DIAGRAM)

OTHER: _____

BREAST MRI: (Laguna Hills/Suite 101A)

Evaluation of/for breast cancer (with/without contrast)

Evaluation of implant integrity (without contrast)

BONE DENSITY SCREENING: Diagnosis Code _____

N95.8 Other meno/perimenopausal disorder

N95.9 Meno/perimenopausal disorder NOS

E28.310 Symptomatic premature menopause

E28.319 Asymptomatic premature menopause

M85.88 Osteopenia (Of Other Site)

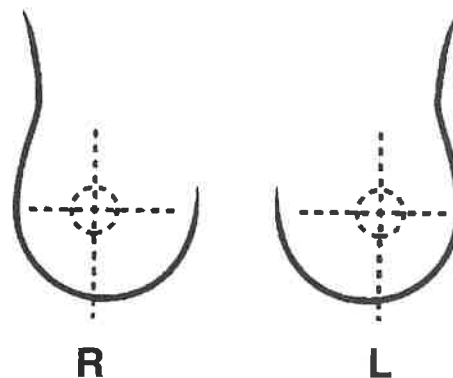
E28.39 Other primary ovarian failure

E21.0 Primary hyperparathyroidism

Z78.0 Asymptomatic menopausal state

M81.0 Age-related osteoporosis w/o current fracture

M85.89 Osteopenia of Multiple Sites



Saddleback Medical Center
24401 Calle De La Louisa
Laguna Hills, CA 92653
949-452-7200

Referring:

Fax Number:

Patient Name:

Date of Birth:

_____ **X** _____ Abnormal Breast Imaging (ICD-10 R92.8)

_____ Dr. Gary Levine, M.D.

_____ Dr. Nicole Sondel-Lewis, M.D.

_____ Dr. Samantha Kubaska, M.D.

_____ Dr. Angelique Floerke, M.D.

_____ Dr. Gretchen Conroy, M.D.

_____ Dr. Lauralyn Markle, M.D.

Referring Physician: Please sign below and fax back to the Breast Center at **(949) 380-4550** as acknowledgement of additional imaging/procedures to be performed.

Cascading Order will include the following:

Please proceed with Mammography, Ultrasound, Percutaneous Aspiration/Biopsy or Breast MRI as indicated.

Referring Physician Signature

Date