

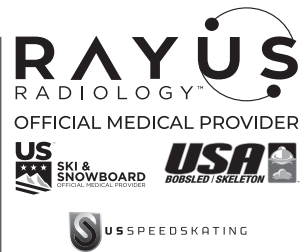
BREAST IMAGING ORDER FORM

SCHEDULING

P: 414.774.7226
F: 414.454.4995
E: RAYUSMKE@RAYUSradiology.com
O: insideRAYUS.com

- ☐ **Greenfield**
Mammography, Breast MRI
- ☐ **Menomonee Falls**
Mammography, Breast MRI, DXA

- ☐ **Waukesha**
Mammography, Breast MRI, Breast Ultrasound, DXA
See back for addresses



Appointment date and time		Check-in time	
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #
Patient DOB	<input type="radio"/> M <input type="radio"/> F	Height	Weight (approximate to determine appropriate MRI scanner)

INSURANCE INFORMATION - Please bring all insurance information to appointment.

Insurance name		Insurance ID #	Group #
<input type="radio"/> Government <input type="radio"/> Commercial/Private <input type="radio"/> No insurance	Date of injury	Pre-authorization/Pre-certification #	<input type="radio"/> No pre-authorization/pre-certification required

☐ Check if you give Froedtert RAYUS permission to proceed with additional views, ultrasound, cyst aspiration or biopsy if clinically indicated by the radiologist.

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include **specific** clinical indications (such as location, context and severity) to support medical necessity for each test.

Clinical Decision Support (CDS)

Required for Medicare Part B

Modifier (determination)

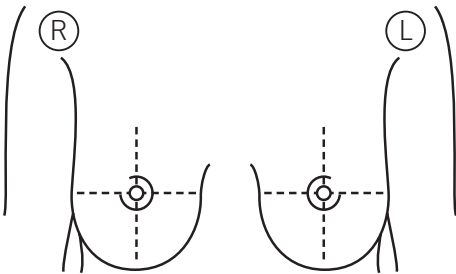
G-code (vendor)

Is the exam/procedure related to an injury? ☐ No ☐ Yes If yes ☐ Initial ☐ Subsequent or ☐ Sequela

MAMMOGRAPHY (includes CAD if needed)

- ☐ Screening (asymptomatic patient) ☐ BIL ☐ L ☐ R
- ☐ **Proceed with diagnostic mammogram, as indicated, per radiologist's discretion**
- OR**
- ☐ **Contact me before proceeding with any diagnostic mammogram**
- ☐ Diagnostic (symptomatic patient or follow up to abnormal screening) ☐ BIL ☐ L ☐ R

CIRCLE AREA OF INTEREST



BREAST ULTRASOUND

☐ BIL ☐ L ☐ R

IMAGE-GUIDED BREAST PROCEDURES

(includes post-procedure mammogram if needed)

- ☐ Ultrasound biopsy ☐ BIL ☐ L ☐ R
- ☐ Stereotactic biopsy ☐ BIL ☐ L ☐ R
- ☐ Cyst aspiration ☐ BIL ☐ L ☐ R
- ☐ MRI biopsy ☐ BIL ☐ L ☐ R
- ☐ Other _____

BILATERAL BREAST MRI (includes CAD)

Include patient history above

☐ IV contrast as clinically indicated by radiologist
OR ☐ No contrast

BONE DENSITY

- ☐ Axial scan (hip & spine) ☐ L ☐ R
- ☐ Hip only
- ☐ Spine only
- ☐ Appendicular (wrist/forearm)
- ☐ Screening or ☐ Diagnostic
- History of pathological fracture? ☐ No ☐ Yes
- Age-related osteoporosis w/o current pathological fracture? ☐ No ☐ Yes
- Estrogen deficiency/clinical risk for osteoporosis? ☐ No ☐ Yes
- Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? ☐ No ☐ Yes

See back of sheet for what you need to know before your mammogram.

REPORTING METHOD

☐ Films ☐ CD ☐ Patient to hand carry ☐ Read and call ASAP _____

Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date

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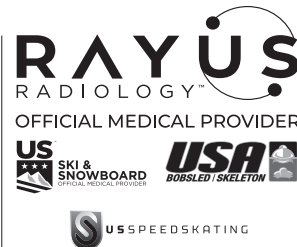
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Froedtert Hospital



GREENFIELD

Greenfield Highlands Health Center
4455 S. 108th St., Suite 140
Greenfield, WI 53228

MENOMONEE FALLS

North Hills Health Center
W129 N7055 Northfield Dr., Suite 101
Menomonee Falls, WI 53051

WAUKESHA

Westbrook Health Center
2315 E. Moreland Blvd., Suite 1500
Waukesha, WI 53186

Visit RAYUSradiology.com for detailed driving directions to our centers.

BEFORE YOUR APPOINTMENT

- If you or your provider feel a mass or lump, report and images inform Froedtert RAYUS at the time of scheduling your appointment.
- If you have had a mammogram performed at another facility, it is important for you to make arrangements to bring your prior mammogram report and images to your appointment. If this is not possible, Froedtert RAYUS will arrange to retrieve your prior mammogram(s) after you have signed a release. Non-availability of films at the time of your examination may result in delay in the interpretation or the need to perform additional studies.
- If you have sensitive breasts, schedule your mammogram when your breasts will be least tender. Avoid the week before your menstrual cycle.

ON THE DAY OF YOUR APPOINTMENT

- Do not use deodorant, body powder or lotion under your arms or near your breasts. These products can interfere with the quality of the images on the mammogram.
- Wear a two-piece outfit so you will only have to remove your top.
- If you are worried about discomfort, you may want to take a mild over-the-counter pain reliever about an hour before your mammogram. This will not affect the examination.