

BREAST IMAGING ORDER FORM

**MIDWEST BREAST CARE
CREVE COUER
SCHEDULING**
P: 314.567.4449
F: 314.567.0762

**ST. LUKE'S RAYUS
O'FALLON (WINGHAVEN®)
SCHEDULING**
P: 636.625.4434
F: 636.625.4432

**MIDWEST
BREAST CARE**
POWERED BY **RAYUS**
RADIOLOGY™

St. Luke's
RAYUS
RADIOLOGY™

Saturday appointments available

Breast ultrasound, 3D mammography, Bone density (DXA), Interventional breast procedures

Appointment date and time		Patient DOB
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #
Insurance name	Insurance ID #	Group #
(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)

MAMMOGRAPHY

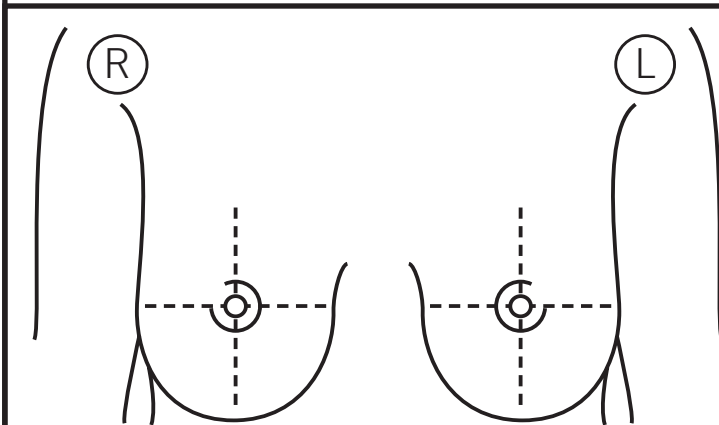
- Screening (asymptomatic patient)
Available by appointment or walk-in (call for estimated wait time)
- Diagnostic (symptomatic patient or follow up to abnormal screening)
Appointment and order required for diagnostic mammogram
 BIL L R Per radiologist discretion
- Proceed with diagnostic work-up as indicated, per radiologist's discretion.
May include a diagnostic mammogram, ultrasound, MRI and/or image-guided breast procedures(s).

IMAGE-GUIDED BREAST PROCEDURES

- Performed at Midwest Breast Center*
- Proceed at radiologist's discretion, if indicated.
- Ultrasound biopsy BIL L R
 - Stereotactic biopsy/3D BIL L R
 - Cyst aspiration BIL L R
 - Needle localization BIL L R
 - Ductogram BIL L R
 - Other _____

BREAST ULTRASOUND

- L R BIL
- Proceed at radiologist's discretion, if indicated.



Please mark abnormalities on diagram

BREAST MRI

- Performed at RAYUS Chesterfield, Frontenac and WingHaven®*
- Proceed at radiologist's discretion, if indicated.
- Bilateral without and with contrast for:
 - Screening (high risk)
 - Diagnostic
 - Indicated by biopsy
 - Bilateral without contrast - implant evaluation ONLY

BREAST CANCER RISK ASSESSMENT

- Complimentary individual breast cancer risk assessment

BONE DENSITY (DXA)

- Standard scan (hip & spine)
- Wrist/Distal forearm (left or right)
- 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

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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BONE MINERAL DENSITY TEST INSTRUCTIONS

1. Bring this form with you to your appointment.
2. The bone mineral density test takes 15-30 minutes.
3. Avoid taking calcium tablets 24 hours prior to the test.
4. Wear comfortable clothing without plastic or metal zippers, buttons or hooks.
5. The results of your test will be forwarded to your doctor.
6. Schedule bone density exams at least two weeks after any contrast dye imaging studies.



MIDWEST BREAST CARE
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Creve Coeur, MO 63141



ST. LUKE'S RAYUS WINGHAVEN®
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