

# 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

- Patient will call to schedule
- Call patient to schedule



Froedtert Hospital



OFFICIAL MEDICAL PROVIDER



|   |   |                 |   |
|---|---|-----------------|---|
| 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.

|   |  |                 |
|---|--|-----------------|
| <p><b>(REQUIRED) Written diagnosis/reason/symptom for exam(s).</b> Must include <b>specific</b> clinical indications (such as location, context and severity) to support medical necessity for each test.</p><br><br><p><b>Is the exam/procedure related to an injury?</b> <input type="radio"/> No <input type="radio"/> Yes <b>If yes</b> <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela</p> | <b>Clinical Decision Support (CDS)</b> |                 |
|   | <b>Required for Medicare Part B</b>    |                 |
|   | Modifier (determination)               | G-code (vendor) |

## 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

## BREAST ULTRASOUND

BIL  L  R

### IMAGE-GUIDED BREAST PROCEDURES

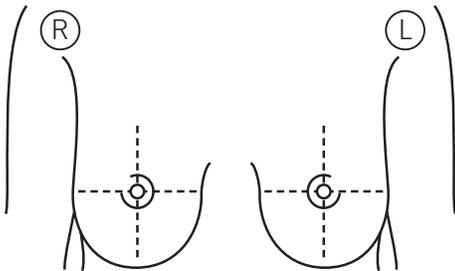
(includes post-procedure mammogram if needed)

- Ultrasound biopsy  BIL  L  R
- Stereotactic biopsy  BIL  L  R
- Cyst aspiration  BIL  L  R
- MRI biopsy  BIL  L  R
- Other \_\_\_\_\_

## BONE DENSITY

- Axial scan (hip & spine)  L  R
- Hip only  L  R
- 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

## CIRCLE AREA OF INTEREST



## BILATERAL BREAST MRI

(includes CAD)

- Include patient history above**
- IV contrast as clinically indicated by radiologist  
**OR**  No contrast

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

|   |   |         |
|---|---|---------|
| <b>REPORTING METHOD</b> <input type="radio"/> Films <input type="radio"/> CD <input type="radio"/> Patient to hand carry <input type="radio"/> Read and call ASAP _____ |   |         |
| Provider name (print)   | Provider location<br><span style="font-size: 1.2em; color: gray;">City/Zip</span> | Phone # |
| Provider signature (required)<br><span style="color: gray; font-size: 1.2em;">Do not use rubber stamp.</span>   | NPI # (required for new providers)  | Date    |

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Froedtert & MEDICAL COLLEGE of WISCONSIN

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](http://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.