



905 Highland Blvd., Suite 4100
Bozeman, MT 59715
Phone: (406) 414-5200
AMI Fax: (406) 414-5205

Today's Date: ____/____/____

Appointment date: _____ Time: _____

Patient Name: _____ Date of Birth: ____/____/____
Last First M.I.

Physician's Name: _____ Phone #: _____ Fax #: _____

Physician's Signature: _____ Date: _____ Time: _____
(Required)

Patient's previous mammogram was performed on ____/____/____ at _____
Date Facility (City/State)

***A RELEASE MAY BE REQUIRED FOR OUTSIDE STUDIES WHICH MAY DELAY THE REPORT.**

Date Of Last Clinical Breast Exam: ____/____/____ BREAST IMPLANTS

- SCREENING MAMMOGRAM W/ REFLEX TESTING** (Reflex tests include Diagnostic Mammogram and /or Breast Ultrasound as indicated by the results of the screening mammogram)
- DISCONTINUE SCREENING MAMMOGRAPHY** (It has been determined that this patient no longer requires Screening Mammography. Please remove this patient from further mammography recall.)

DIAGNOSTIC BREAST IMAGING

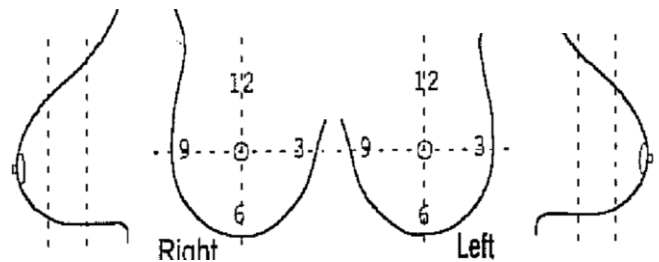
- Short-term Follow Up (6 months, 12 months, etc.) Includes Diagnostic Mammogram and/or Ultrasound as indicated by prior imaging or procedural findings.
 - Bilateral Right Left
- Diagnostic Mammogram (Include Breast Ultrasound as indicated by prior imaging or procedural findings)
 - Bilateral Right Left
- Breast Ultrasound
 - Bilateral Right Left

- Ultrasound Breast Biopsy Bilateral Right Left
- Ultrasound Breast Aspiration Bilateral Right Left
- Stereotactic Breast Biopsy Bilateral Right Left
- Needle Loc Bilateral Right Left
- Breast MRI (call for special instructions)
- Breast MRI Biopsy (call for special instructions)
 - Bilateral Right Left

Indications for diagnostic breast imaging:

- Personal history of breast cancer within last 3 years (When? _____)
- Abnormal mammogram (special views, follow-up at short interval)
- Inflammatory disease of breast
- Mastodynia or breast pain
- Nipple discharge
- Skin changes (retraction, dimpling, etc)
- Breast mass (clinically new or changing)
- Other Indications: _____
(Other diagnoses may or may not support medical necessity).

Mark site of focal clinical abnormality.



- BONE DENSITOMETRY (DEXA) Axial skeleton**
 - DEXA Appendicular skeleton** (patients with known hip/spine fracture, metal; or Hyperparathyroidism)
 - Z 780 Asymptomatic menopausal state
 - Z 13820 Encounter for screening for osteoporosis
 - Z 810 Age-related osteoporosis without current pathological fracture
 - M 899 Disorder of bone, unspecified

- Assess Response to FDA Approved Osteoporosis Drug
- Hyperparathyroidism
- Long Term Current Use Steroids
- Vertebral Fracture
- Other Indications: _____
(Other diagnoses may or may not support medical necessity)

GENERAL INSTRUCTIONS/SUGGESTIONS: Mammography/Dexa

- Please arrive twenty minutes before your scheduled appointment
- Please bring all insurance information and photo identification with you.

Mammogram Prep: Do not use any underarm deodorant, powder or lotions in the breast/underarm area before your scheduled mammogram.

DEXA Prep: Do not take a multi-vitamin or calcium supplement the morning of the exam.

