

- Piedmont Athens Regional Hospital**
242 King Ave, Medical Services Building, Suite G40 • Athens, Georgia 30606
- Oconee Health Campus**
1305 Jennings Mill Road • Watkinsville, Georgia 30677
- Royston Health Campus**
930 Franklin Springs Street, Suite C • Royston, Georgia 30662

Scheduling: 706.475.4960 • **Fax:** 706.475.6791



piedmont.org

See back of form for map.

Patient Name: _____

Date of Birth: _____ Daytime Phone: _____

Appt Date/Time: _____

Physician: _____

Date of Last Mammogram: _____

****It is extremely important that the patient brings or has sent to us their previous mammograms for comparison. If this is not possible, the patient should bring the information regarding where the previous mammogram was performed so that we can request them.**

SPECIAL REQUEST

Check all that apply

- Wheelchair Assistance
- Language Services

Please bring previous films and report if not done at a Piedmont facility.

SCREENING MAMMOGRAPHY (ASYMPTOMATIC)

- Bilateral Right Left
- Perform additional diagnostic mammographic views and/or breast US if medically necessary.
- Screening: Z1231

DIAGNOSTIC MAMMOGRAPHY (SYMPTOMATIC)

- Bilateral Right Left
- Perform breast US if medically necessary.

BREAST ULTRASOUND (SYMPTOMATIC)

- Bilateral Right Left
- Perform diagnostic mammogram if medically necessary.

PROCEDURES

- Bilateral Right Left
- Ultrasound-guided Fine Needle Cyst Aspiration +/- Core Biopsy
- Ultrasound-guided Core Biopsy Stereo-tactic Biopsy
- Ductogram/Galactogram Other

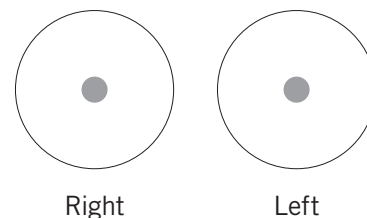
BONE DENSITY

- Osteoporosis: M810
- Osteopenia ICD10 code: _____
- Menopausal: N951
- Premature Menopause ICD10 code: _____
- Post Menopausal: Z780
- Pathologic fracture of vertebrae ICD10 code: _____
- Long-term Med Use ICD10 code: _____
- Osteoporosis Screening: Z13820

AREA OF CONCERN

- R L Bilateral

Use diagram to mark area of concern:



REASON FOR EXAM

- Screening: Z1231
- Breast cancer-still under current treatment: C50919
- Palpable breast mass or lump: N63
- Abnormal mammogram (unspecified): R928
- Mammographic calcifications: R920
- Metastasis (unknown primary): C8001
- Personal history of breast cancer: Z853
- Painful or tender breast (acute onset): N644
- Skin changes: N6452
- Other abnormality on radiographic exam of breast
Exam name and date: _____
ICD10 code: _____
- ICD10 code: _____

ADDITIONAL CLINICAL HISTORY INFORMATION

Note: Please indicate the diagnosis that necessitates the test or procedure OR indicate the most significant symptom. If testing for adverse effect of medications, anme underlying disease. *****For Medicare patients, this information is needed to determine medical necessity based on their National or Local Medical Review Policies.**

Physician signature: _____

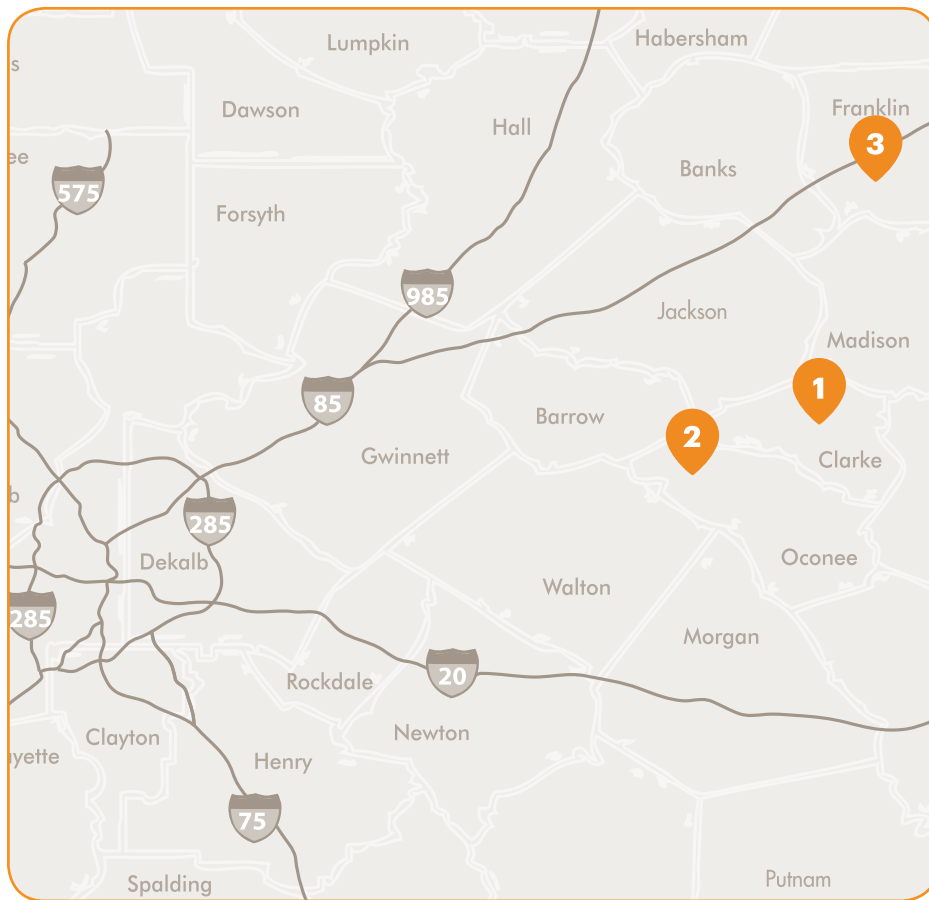
Date: _____ Time: _____

PREPARATION INSTRUCTIONS

Please arrange for the care of small children, they cannot be left in waiting areas during your exam and are not allowed in exam room.

For your comfort, please wear two-piece clothing. For Bone Density exams, wear pants with no metal buttons or zippers.

Please DO NOT wear powder, perfume, lotion or deodorant in the breast or underarm area. If you must wear deodorant, please tell staff and we will provide wipes to help you remove it. Deodorant and powder can interfere with the quality of your images.



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