

Feb. 27. 2020 9:38AM



334-277-1210



334-747-9152



Ph: 334-747-4490
Fax: 334-747-4470



334-387-1120



334-387-1100



334-358-6282

REFERRAL FOR BREAST IMAGING SERVICES

Patient Name: Rong Cui DOB: 6/2/1962

Referring Physician: Lindsey Barton, CRNP Office number: (334) 244-3281
(PRINT CLEARLY)

Appointment Date/Time: please call patient to schedule

☒ Screening Mammogram ☐ Bone DEXA Diagnosis: _____
No symptoms or clinical findings (☐ EMIC ☐ MBC ☐ PIC)

☐ Additional diagnostic studies (US, MRI) may be performed if indicated

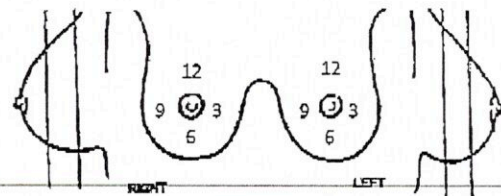
☐ Diagnostic Mammogram
☐ Bilateral ☐ Unilateral ☐ Right ☐ Left

☐ Breast Ultrasound
☐ Bilateral ☐ Unilateral ☐ Right ☐ Left

☐ REQUIRED- Reason for exam

- ☐ Lump/mass/thickening
- ☐ Skin dimpling/nipple retraction
- ☐ Persistent focal pain/tenderness
- ☐ Nipple discharge
- ☐ Personal history of breast cancer
- ☐ Other _____

REQUIRED-Please mark location of area of concern



ICD10 Code Z12.31

☐ Special Procedures
☐ Needle biopsy (stereotactic, US guided, MR guided) ☐ Right ☐ Left
☐ Cyst Aspiration ☐ Right ☐ Left
☐ Ductogram ☐ Right ☐ Left
☐ Savi-Scout placement/Wire Localization ☐ Right ☐ Left

☐ Breast MRI Bilateral w/ & w/o contrast (☐ BMCE ☐ CIC ☐ EMIC ☐ PIC)

Diagnosis: _____

Prior mammogram at: _____

Please tell us any other pertinent details: _____

Referring Physician Signature: L. Barton, CRNP DATE: 2/22/2022 Time: 1400