

* * * Communication Result Report (Mar. 1. 2023 2:08PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Mar. 1. 2023 2:06PM

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 Phone: 334-244-3281
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AUM | AUBURN UNIVERSITY
 AT MONTGOMERY
 WARHAWK HEALTH SERVICES

Attn: scheduling
 To: Rapist Breast Health From: WHS
 Fax: 947-4470 Pages: 3
 Phone: Date 3/1/2023
 Re: mammogram order cc:
☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle
 Comments: with appointment details

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Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
334-244-3281

Patient Demographics

Name: CUI, RONG
Address: 1238 WOODWARD AVE
MONTGOMERY, AL 36106
Pri Phy:

Chart No.: 4800
DOB: 06/02/1962
SSN:
Gender: FEMALE

Contact Information

Home Phone:
Mobile Phone: 508-579-5803
Mobile Phone 2: 508-373-8575
Personal Email: nick.cuba@gmail.com
Work Email:

Work Phone:
Other Phone:

Nov. 13. 2020 9:00AM



Ph: 334-277-1210
Fax: 334-277-1781



Ph: 334-747-9152
Fax: 334-747-8143



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



Ph: 334-387-1120
Fax: 334-387-1121



Ph: 334-387-1100
Fax: 334-387-1101



Ph: 334-358-6282
Fax: 334-358-1026

REFERRAL FOR BREAST IMAGING SERVICES

Patient Name: Rong Cui

DOB: 6/2/1962

Referring Physician: Lindsey T. Barton, CRNP
(PRINT CLEARLY)

Office number: (334) 244-3281

Appointment Date/Time: Call patient to schedule

☒ Screening Mammogram

No symptoms or clinical findings

☐ Bone Densitometry

(☐ EMIC ☐ MBC ☐ PIC)

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

☐ Diagnostic Mammogram

☐ Bilateral ☐ Unilateral ☐ Right ☐ Left

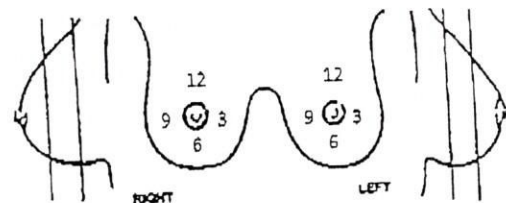
☐ Breast Ultrasound

☐ 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)
- ☐ Cyst Aspiration
- ☐ Ductogram
- ☐ Savi-Scout placement/Wire Localization

☐ Right ☐ Left
☐ Right ☐ Left
☐ Right ☐ Left
☐ Right ☐ Left

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

Diagnosis: _____

Breast Implants: ☐ Yes ☐ No
☐ Saline ☐ Silicone

Prior mammogram at: _____

Please tell us any other pertinent details: _____

Referring Physician Signature: _____

Date: 3/1/2023 Time: 0950