

Feb. 27. 2020 9:38AM



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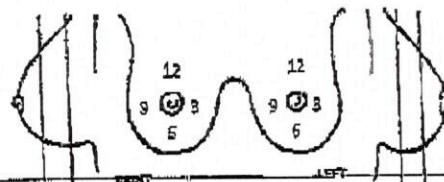
REFERRAL FOR BREAST IMAGING SERVICES

Patient Name: Devonna Gray DOB: 03/29/1961Referring Physician: Lindsey Barton, CNP Office number: (334) 244-3281
(PRINT CLEARLY)Appointment Date/Time: please call patient to schedule☒ Screening Mammogram

No symptoms or clinical findings

☐ Bone DensitometryDiagnosis: MARCH 17.22
(☐ 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: 3 years ago in unknown facility in New York.

Please tell us any other pertinent details: _____

Referring Physician Signature: L. Barton, CNPDATE: 2/14/2022Time: 0930