

* * * Communication Result Report (Jan. 2. 2024 10:01AM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Jan. 2. 2024 10:00AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
6134 Memory TX	97474470	P. 3	OK	

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AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: medical records

To: Ruprist Brent Health From: WHS

Fax: 747-4470 Pages: 3

Phone: _____ Date: 1/2/2024

Re: _____

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

order for repeat testing.

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AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: medical records

To: Baptist Breast Health From: WHS

Fax: 747-4470 Pages: 3

Phone: _____ Date: 1/2/2024

Re: _____

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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Auburn Montgomery Student Health Services

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

Patient Demographics

Name: BRONSON, PORTIA
Address: 5621 CALMAR DR, APT C
MONTGOMERY, AL 36116
Pri Phy:

Chart No.: 4969
DOB: 06/16/1983
SSN:
Gender: FEMALE

Contact Information

Home Phone:
Mobile Phone: 518-250-8270
Mobile Phone 2:
Personal Email: portiaisbeautiful@gmail.com
Work Email:

Work Phone:
Other Phone:

Primary Insurance Information

Insurance Company: BCBS
Address: 450 RIVERCHASE PKWY EAST
BIRMINGHAM, AL 35244

Group No.: 37655
Policy No.: QAU807697835
Phone: Invalid Phone



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: Portia Bronson DOB: 11/16/1983

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

Appointment Date/Time: Jun. 22, 2024

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

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

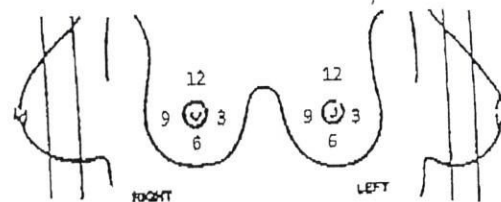
☒ Diagnostic Mammogram
☐ Bilateral ☐ Unilateral ☒ Right ☐ Left

☒ 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 N63.10
N64.89

☐ 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: _____

Breast Implants: ☐ Yes ☐ No
☐ Saline ☐ Silicone

Prior mammogram at: _____

Please tell us any other pertinent details: _____

1 month follow up order as indicated on last
mammogram (July 2023)

Referring Physician Signature: J. Barton, CNP Date: 1/2/2024 Time: 0900

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