

* * * Communication Result Report (Jan. 19. 2023 9:55AM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Jan. 19. 2023 9:53AM

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AUM | AUBURN UNIVERSITY
AT MONTGOMERY
WARHAWK HEALTH SERVICES

Attn: Baptist Breast Health
 To: _____ From: WHS
 Fax: _____ Pages: 3
 Phone: _____ Date: 1/19/2023
 Re: montgomery order cc: _____
☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle
 Comments: with appointment details

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AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Baptist Breast Health

To:

From: WHS

Fax:

Pages: 3

Phone:

Date: 11/19/2022

Re: mammogram order

cc:

☐ Urgent

☒ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Comments:

with appointment
details

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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: 6/16/1983

Referring Physician: Lindsey Barton, CRNP
(PRINT CLEARLY)

Office number: (334) 244-3281

Appointment Date/Time: _____

☒ Screening Mammogram

No symptoms or clinical findings

☐ Bone Densitometry (DEXA) Diagnosis: _____

(☐ EMIC ☐ MBC ☐ PIC)

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

☐ Diagnostic Mammogram

☐ Bilateral ☐ Unilateral ☐ Right ☐ Left

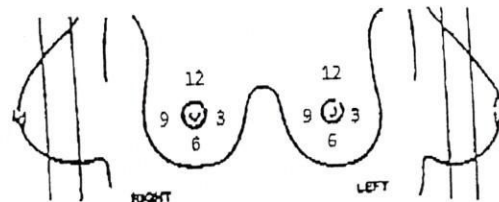
☐ Breast Ultrasound

☐ 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 Z12.39

☐ 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: To be done once patient turns 40

Referring Physician Signature: _____

Date: 11/18/2023 Time: 1:55

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