

Dec. 6, 2022, 12:07PM
NOV. 13, 2022 3:00AM

AUM Warhawk Health Svcs.

No. No. 2659P. P. 3



Ph: 334-277-1210
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Fax: 334-747-9243



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Fax: 334-387-1121



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Fax: 334-387-1101



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REFERRAL FOR BREAST IMAGING SERVICES

Patient Name: Latarchia Green

DOB: 8/21/1975

Referring Physician: Lindsey Barton, CRNP
(PRINT CLEARLY)

Office number: (334) 244-3281

Appointment Date/Time: 2/3/23 @ 2:00pm

☒ Screening Mammogram ☐ Bone Densitometry
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: _____

☐ Special Procedures

- | | | |
|---|--------------------------------|-------------------------------|
| ☐ Needle biopsy (Stereotactic, US guided, MR guided) | ☐ Right | ☐ Left |
| ☐ Cyst Aspiration | ☐ Right | ☐ Left |
| ☐ Punctogram | ☐ Right | ☐ Left |
| ☐ Sevi-Scout placement/Wire Localization | ☐ Right | ☐ Left |

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

Diagnosis: _____

Breast Implants: ☐ Yes ☐ No
☐ Saline ☐ Silicone

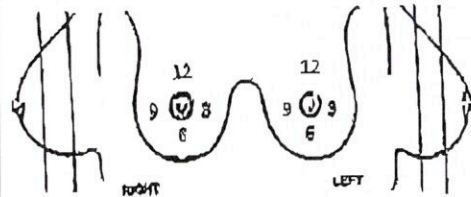
Prior mammogram at: _____

Please tell us any other pertinent details: _____

Referring Physician Signature: _____

Date: 11/29/2022 Time: 1800

REQUIRED-Please mark location of area of concern



ICD10 Code _____