

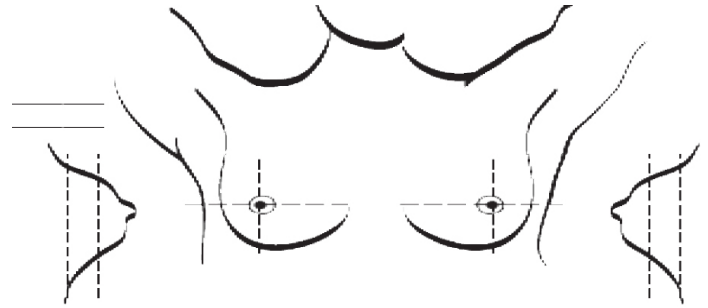
## BREAST ORDER FORM

Physician  
Information  
(print)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

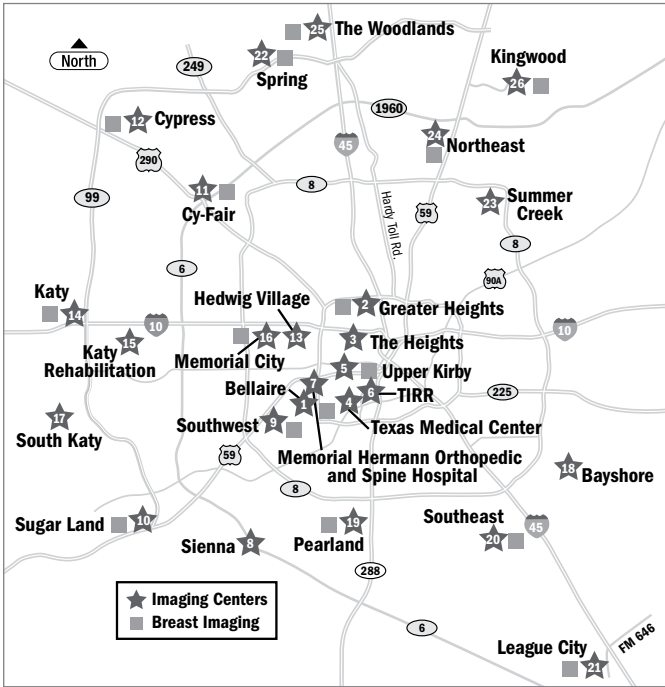
Legal Name	Date of Birth	All items in <b>BOLD</b> are required.
Primary Phone	Work Phone	Cell Phone
Insured Name	Plan Name	Plan Number
ID#	Group #	Precert # / Auth
<b>*PHYSICIAN SIGNATURE:</b>	<b>DX OR ICD CODE:</b>	<b>DATE:</b>
All exams will be performed per MHHS protocol	Delivery <input type="checkbox"/> CD	HCPCS G-Code:
*Creatinine will be performed if needed	Creatinine:	Date:
		HCPCS Modifier:

- Diagnostic work up per Radiologist to include:**
- Diagnostic Mammogram
  - Breast Ultrasound
  - Intervention Procedures if needed
    - Core Needle Breast Biopsy (US, Stereotactic or MRI)
    - Cyst Aspiration/Fine Needle Aspiration Biopsy
    - Ductogram
    - Pre-Operative Needle Wire Localization
  - Refer to Breast Care Team (Note: Southeast Only)  
(Surgeon, Medical Oncologist and/or Radiologist Oncologist if needed)
  - Breast Bilateral MRI With and Without Contrast
  - Breast MRI Biopsy With and Without Contrast



CPT CODE	PROCEDURE ORDER: Does patient have implants? <input type="checkbox"/> Yes <input type="checkbox"/> No	RIGHT	LEFT	BILATERAL
77063	<input type="checkbox"/> Screening Mammogram w/ Tomosynthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77061	<input type="checkbox"/> Diagnostic Mammogram w/ Tomosynthesis (unilateral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77062	<input type="checkbox"/> Diagnostic Mammogram w/ Tomosynthesis (bilateral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G0279	<input type="checkbox"/> Diagnostic Mammogram w/ Tomosynthesis (Medicare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77067	<input type="checkbox"/> Screening Mammogram - No Known Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77066	<input type="checkbox"/> Diagnostic Mammogram - Known Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77066/76641	<input type="checkbox"/> Diagnostic Mammogram with Breast Ultrasound (Protocol) if indicated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19281	<input type="checkbox"/> Needle Localization - Mammo Guided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19285	<input type="checkbox"/> Needle Localization - US Guided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76641	<input type="checkbox"/> Breast Ultrasound:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76641	<input type="checkbox"/> Breast Ultrasound with Biopsy if needed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19083	<input type="checkbox"/> Ultrasound Guided Breast Biopsy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19081	<input type="checkbox"/> Stereotactic Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19000 + 76942	<input type="checkbox"/> Cyst Aspiration - US Guided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10022 + 76942	<input type="checkbox"/> Fine Needle Aspiration - US Guided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19030 + 77054	<input type="checkbox"/> Ductogram - multiple ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19030 + 77053	<input type="checkbox"/> Ductogram - single duct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77049	<input type="checkbox"/> MRI Bilat Breast with/without contrast Cancer Protocol			
77048	<input type="checkbox"/> MRI with and without Contrast Unilateral Silicone Implant Rupture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19085	<input type="checkbox"/> MRI Biopsy with/without contrast Unilateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77058	<input type="checkbox"/> MRI Without Contrast Implant Rupture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77080	<input type="checkbox"/> Bone Density			
38505 + 76942	<input type="checkbox"/> Lymph Node Biopsy, US Guided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38505 + 10035	<input type="checkbox"/> Lymph Node Biopsy, US Guided - Clip Placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Modalities offered:**

- A** MRI
- B** Large-Bore MRI\*
- D** CT Scan
- E** PET/CT
- F** X-ray
- G** Ultrasound
- H** Nuclear Medicine
- I** Fluoroscopy
- J** 3-D Mammogram/Tomosynthesis
- K** Breast Biopsy
- L** DEXA Scan
- M** Breast MRI
- N** Lung Cancer Screening

**Schedule an Appointment.**

Schedule online at [memorialhermann.org/imaging](http://memorialhermann.org/imaging)

**IMAGING CENTERS:** 877.704.8700

Memorial Hermann Orthopedic and Spine Hospital Outpatient Imaging

**Ph:** 713.314.4131

**F:** 713.314.4156

**BREAST CARE:** **Ph:** 877.40.MAMMO **F:** 713.512.6041

Memorial Hermann Imaging and Breast Care Center at Greater Heights Hospital

**Ph:** 713.867.3336

**F:** 713.867.4630

Memorial Hermann Breast Care Center at Southeast Hospital

**Ph:** 281.929.6485

**F:** 281.929.6340

**CENTRAL**

- 1 Bellaire** **A D F G L N**  
6700 W. Loop S., Ste. 100, Bellaire, TX 77401
- 2 Greater Heights** **A D E F G H**  
1635 N. Loop W.  
Houston, TX 77008 **I J K L N**
- 3 Memorial Hermann Convenient Care Center in Greater Heights** **B D F G**  
1431 Studemont St., Houston, TX 77007
- 4 Texas Medical Center** **A B D E F**  
6400 Fannin, 16th Floor **G H I J K**  
Houston, TX 77030 **L M N**
- 5 Upper Kirby** **B D F G I J L N**  
2900 Richmond Ave., 1st Floor, Houston, TX 77098
- 6 TIRR\*\*** **D F G I L**  
1333 Moursund St., Houston, TX 77030  
**P** 713.797.5929 **F** 713.797.7703
- 7 Memorial Hermann Orthopedic and Spine Hospital** **B D F G I**  
5410 West Loop S., Bellaire, TX 77401

**SOUTHWEST**

- 8 Memorial Hermann Convenient Care Center at Sienna** **D F G N**  
8780 Hwy. 6, Ste. B, Missouri City, TX 77459
- 9 Southwest** **A D E F G I J K L N**  
7789 Southwest Frwy., Ste. 150, Houston, TX 77074  
**Breast Care Center**  
7600 Beechnut, 1st Floor Pavilion  
Houston, TX 77074

- 10 Sugar Land** **A B D F G I J K L**  
17510 W. Grand Pkwy. S., Ste. 100 **M N**  
Sugar Land, TX 77479  
**Breast Care Center**  
17510 W. Grand Pkwy. S., Ste. 120  
Sugar Land, TX 77479

**WEST**

- 11 Cy-Fair** **B D F G I J K L N**  
13114 FM 1960 W., Ste. 104, Houston, TX 77065
- 12 Cypress** **B D F G I J K L M N**  
27700 Hwy. 290, Ste. 120, Cypress, TX 77433  
**Breast Care Center**  
27700 Hwy. 290, Ste. 140, Cypress, TX 77433
- 13 Hedwig Village** **A F G I M**  
9418 Gaylord Dr., Houston, TX 77024
- 14 Katy** **A B D F G I J K L M N**  
23920 Katy Frwy., Ste. 120, Katy, TX 77494  
**Breast Care Center**  
23920 Katy Frwy., Ste. 120, Katy, TX 77494
- 15 Katy Rehabilitation** **A D F G I N**  
21720 Kingsland Blvd., Ste. 102, Katy, TX 77450

- 16 Memorial City** **A B D E F**  
925 Gessner, Ste. 200 **G H I J K**  
Houston, TX 77024 **L M N**  
**Breast Care Center**  
925 Gessner, Ste. 300, Houston, TX 77024
- 17 Memorial Hermann Convenient Care Center in Katy** **D F G N**  
22430 Grand Corner Dr., Ste. C1:20, Katy, TX 77494

**SOUTHEAST**

- 18 Bayshore** **B D F G I J K L N**  
11476 Space Center Blvd., Ste. 200  
Houston, TX 77059
- 19 Pearland** **B D F G I J K L N**  
10905 Memorial Hermann Dr., Ste. 104  
Pearland, TX 77584

- 20 Southeast** **A D E F G H I J K L M**  
11800 Astoria Blvd., Houston, TX 77089

- 21 Memorial Hermann Convenient Care Center in League City** **B D F G J K L M N**  
2555 Gulf Frwy. S., League City, TX 77573  
**Breast Care Center**  
2555 Gulf Frwy. S., Ste. C1:300  
League City, TX 77573

**NORTH**

- 22 Memorial Hermann Convenient Care Center in Spring** **A D F G J L N**  
7474 N. Grand Pkwy. W., Spring, TX 77379
- 23 Memorial Hermann Convenient Care Center in Summer Creek** **D F G N**  
14201 E. Sam Houston Pkwy. N., Houston, TX 77044
- 24 Northeast** **A B D E F G I J K L M N**  
18955 N. Memorial Dr., Ste. 100, Humble, TX 77338
- 25 The Woodlands** **A B D E**  
9200 Pinecroft Dr., Ste. 100 **F G I J**  
The Woodlands, TX 77380 **K L M N**  
**Breast Care Center**  
9200 Pinecroft Dr., Ste. 150  
The Woodlands, TX 77380
- 26 Memorial Hermann Convenient Care Center in Kingwood** **B D F G J L N**  
4533 Kingwood Dr., Level 1, Ste. 200  
Kingwood, TX 77345

\*Weight limit 550 lbs. Ask about our mobile large-bore MRI.  
\*\*(TIRR) Lifts available for paraplegic and tetraplegic patients.

