Lake Charles Memorial Health System
BREAST HEALTH

1701 Oak Park Boulevard, Lake Charles, LA 70601
Phone 337.494.4755 | Fax 337.494.4757
1900 Gauthier Road, Lake Charles, LA 70605
Phone 337.480.7444 | Fax 337.480.7445

Physician Exam Request Form

Patient Name:______________________________

DOB:______________________ Phone:______________________

Appointment Date:______________________ Appt. Time:______________________

☐ Implants ☐ Saline ☐ Silicone ☐ No Implants
☐ Bilateral ☐ Unilateral ☐ Left ☐ Right

MAMMOGRAPHY - there must be a diagnosis for every test requested:

☐ SCREENING MAMMOGRAM
- ☐ Routine - no problem (Z12.31)
- ☐ Routine - personal history of breast cancer (Z12.31)

☐ BREAST ULTRASOUND

☑ Additional mammography images and/or breast ultrasound for abnormal screening mammogram (R92.8) (if indicated) ☐ Left ☐ Right ☐ Bilateral

☑ Breast Biopsy (if indicated)

☐ DIAGNOSTIC MAMMOGRAM
- ☐ Pain (N64.4)
- ☐ Breast cancer (C50.919)
- ☐ Cyst (N60.09)
- ☐ Fibrocystic breast (N60.19)
- ☐ Lump/nodule (N63)
- ☐ Discharge (N64.52)
- ☐ Calcifications (R92.1)
- ☐ Abnormal mammogram (R92.8)

☐ BONE DENSITY
- ☐ Osteoporosis (M81.0)
- ☐ Post menopause (M81.0)
- ☐ Other
- ☐ Osteopenia (M85.80)
- ☐ Hormone deficiency (E34.9)
- ☐ Screening (Z13.820)

COMMENTS:

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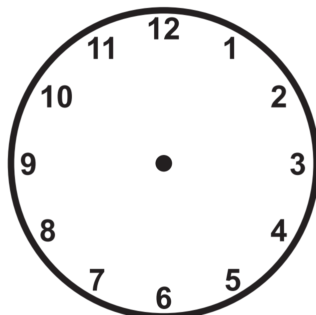
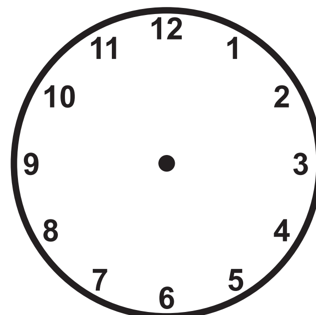
Indicate Area of Concern



RIGHT



LEFT

Date:______________________ Physician Signature:______________________

cc results to:______________________________