



# Billings Clinic Bozeman – Mammography Department

3905 Wellness Way

Billings, MT 59718

Phone: 406-898-1777 or 406-898-1779

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Last Clinical Breast Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Patient Phone #: \_\_\_\_\_

## Screening Mammogram

Please Check:  Bilateral  Right  Left

Allow Reflex Testing: To include additional images, breast ultrasound, US guided biopsy, or stereotactic biopsy as indicated by the reading radiologist.

Indications:

- Baseline Exam **Z12.31**
- Asymptomatic/Routine Exam **Z12.31**
- Augmentation/Implants, No Clinical Concerns **Z98.82**

## Diagnostic Mammogram

Please Check:  Bilateral  Right  Left

Indications:

- History of Breast Cancer **Z85.3**
- Palpable Lump or Mass **N63**
- Breast Pain or Tenderness **N64.4**
- Nipple Discharge/Discoloration **N64.52**
- Skin Dimpling or Thickening **N64.59**
- Additional Views/Abnormal Mammograms **R92.8**
- Short Term Follow-up
- Augmentation/Implants **Z98.82**
  - Allow Reflex Testing: To include additional images, breast ultrasound, US guided biopsy, or stereotactic biopsy as indicated by the reading radiologist.

## Breast Ultrasound

Please Check:  Bilateral  Right  Left

## Bone Densitometry (DEXA)

Please Check:  Axial Skeleton

Appendicular Skeleton (Patients with known hip/spine fracture, or metal)

Indications:

- Asymptomatic menopausal state **Z78.0**
- Encounter for screening for osteoporosis **Z13.820**
- Hyperparathyroidism **E21**
- Long-term current steroid use **Z79.5**
- Other \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_