



LOURDES IMAGING NETWORK



Breast Center



Tax I.D. # 20-8326214

601 W. St. Mary Blvd. • Suite 104 • Lafayette, LA • Phone 337-470-SCAN • Fax 337-289-2891
Digital Mammography with CAD • Breast Ultrasound • Breast MRI • Stereotactic Breast Biopsy
• Ultrasound Guided Breast Biopsy • Bone Density

Patient Name _____

Date of Birth _____ Breast Implants _____

***Physician Signature _____ Date _____

SCHEDULING

Appt. date _____ time _____

FAX SCHEDULING

Lourdes Imaging to schedule this patient? Y ___ N ___
(FAX this for us to schedule your patient)

Patient phone number _____

Lourdes Imaging to let your office know patient appt.
date and time? Y ___ N ___

Appt. date _____ time _____
(For Lourdes Imaging to fill out)

SCREENING MAMMOGRAM

____ Screening Workup (includes addviews, ultrasound and biopsy if needed)

____ Screening Mammogram

____ Left Breast ____ Right Breast ____ Bi-Lateral Breast

____ ROUTINE (no problems) [V76.12] ____ HIGH RISK [V76.11] ____ FIBROCYSTIC BREAST

DIAGNOSTIC EVALUATION

____ Diagnostic Evaluation (diagnostic mammogram and any additional diagnostic procedures as deemed by reviewing radiologist)
(Breast Ultrasound, Stereotactic BX, Ultrasound Guided Biopsy)

____ Diagnostic Mammogram

____ Left Breast ____ Right Breast ____ Bi-Lateral Breast

____ Pain [611.71] ____ Cyst [610.0] ____ Breast Cancer [I74.9] ____ Nodule [793.89]

____ Lump/Mass [611.72] ____ Implant Rupture [996.54] ____ Breast Discharge [611.79] ____ Fibrocystic Breast [610.1]

____ Disorder/Density [611.8] ____ History of Breast Cancer [V10.3] ____ Calcification [793.81]

BREAST MRI

____ Left Breast ____ Right Breast

MRI BREAST WITH & WITHOUT CONTRAST MRI BREAST BIOPSY

BREAST ULTRASOUND

____ Left Breast ____ Right Breast ____ Bi-Lateral Breast

____ Pain [611.71] ____ Cyst [610.0] ____ Discharge [611.79] ____ History of Breast Cancer [V10.3]

____ Breast Cancer [I74.9] ____ Fibrocystic [610.1] ____ Calcification [793.81] ____ Lump/Mass [611.72]

____ Disorder Density Distortion [611.8] ____ Implant Rupture [996.54] ____ Nodule [793.89]

BONE DENSITY

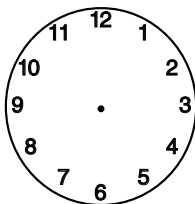
____ Screening for osteoporosis [V82.81] ____ Osteoporosis [733.00] ____ Osteopenia [733.90] ____ Post Menopausal [733.01]

Other: _____

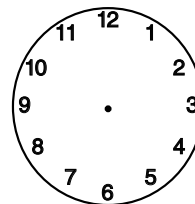
COMMENTS:

Indicate Area of Concern

Right



Left





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(*St. Mary Medical Building*)

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