

To Make Appointment, call: **224.783.8972 (T)**
Para pedir una cita llame al (T)

Central Scheduling **224.783.2823 (F)**

DATE: _____
PATIENT NAME: _____
BIRTH DATE: _____
TELEPHONE #: _____
ALTERNATE #: _____
SYMPTOMS; DX #1 _____
#2 _____
#3 _____
RESULTS: _____
Fax Results: () _____
Call Results: () _____

PHYSICIAN NAME PRINT OR STAMP: _____
PHYSICIAN SIGNATURE: _____
Non-Staff MD NPI: _____
Address and Telephone: _____
Addtl. Result Copies To: _____

Does Patient have Medicare Coverage? Yes No

Implants? Yes No

Comments / Special Instructions: _____

Mammography Orders:

<input type="checkbox"/> Mammography Standing Orders – Physician approves diagnostic imaging as recommended by Radiologist.	
<input type="checkbox"/> Screen Bilateral (No symptoms)	<i>CPT 77057</i>
<input type="checkbox"/> Screen Unilateral (No symptoms – post mastectomy)	<i>CPT 77055</i>
<input type="checkbox"/> Diagnostic Mammogram Bilateral (With Ultrasound as indicated)	<i>CPT 77056</i>
<input type="checkbox"/> Diagnostic Mammogram Unilateral <input type="checkbox"/> RT <input type="checkbox"/> LT (With Ultrasound as indicated)	<i>CPT 77055</i>
<input type="checkbox"/> MRI of Breast (Bilateral w/wo contrast done at the hospital)	<i>CPT C8908</i>
<input type="checkbox"/> Ultrasound of Breast <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> L T (With Mammogram as indicated)	<i>CPT 76645</i>
<input type="checkbox"/> Ultrasound Guided Cyst Aspiration <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> LT	<i>CPT 76942</i>
<input type="checkbox"/> Ultrasound Breast Needle Biopsy <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> LT (w/wo Mammogram as indicated)	<i>CPT 76942</i>
<input type="checkbox"/> Stereotactic Breast Biopsy <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> LT	<i>CPT 77031</i>
<input type="checkbox"/> Other: _____	
Bone Density Study: <input type="checkbox"/> Hip / Lumbar Spine	<i>CPT 76075</i>



**OUTPATIENT ORDER - CENTER FOR
WOMEN'S HEALTH**



Information Regarding Your Mammogram

Thank you for choosing Sherman Health for your mammogram. Sherman Health is dedicated to excellent quality and service. All radiologists are board certified and are committed to provide timely accurate results to our customers.

Previous Films:

Previous films aid the radiologist with their interpretation of your exam and reduce call back rates. If you have had a mammogram at another facility, please contact that facility to have your prior films released to Sherman Health. **The films must be received prior to your appointment.**

Please have films mailed to:

**Sherman Hospital
1425 N. Randall Rd.
ATTN: Radiology
Elgin, IL 60123**

Please call 224-783-8221 if you have questions or concerns regarding the transfer of your previous films.

On the day of your test:

- Please do not wear deodorant or perfume. Sherman will provide deodorant to apply following your test.
- We recommend you wear a two-piece outfit as you will only need to undress from the waist up for your mammogram.
- Please arrive 15 minutes prior to your schedule time to allow for check-in.
- You will be provided a robe for comfort during your exam.
- Expect to spend up to 30 minutes at the center for a screening mammogram or up to 2 hours for Diagnostic mammography and additional views.

Results:

- Your physician will receive your results within 1-2 working days. You will receive a letter from Sherman Health within 2 weeks notifying you of your results.
- You may be asked to return for additional imaging. Please do not be alarmed. Twenty percent (20%) of all mammography patients are asked to return for additional imaging to complete their exam.
- If you are asked to return, you will need to obtain an order from your physician and call 224-783-8972 to schedule your appointment.
- If, for any reason, you or your physician have your original mammogram films, please bring them with you to this appointment.
- To obtain your films or reports, please contact Sherman Health at 224-783-8221.