Seton Breast Care Center

Seton Medical Center Austin • 1201 West 38th Street • Austin, Texas 78705 • Phone: 512-324-1025
Fax (Screening & Diagnostics): 512-380-0552 • **Fax** (Additional Services): 512-324-1023

Referral Form

Patient Name:_____ Date of Birth: _____

SSN:_____ Contact Phone: _____

Diagnosis / Reason for Exam: _____

Insurance Plan : _____ ID Number: _____ Group Number:_____

ICD Diagnosis Codes: _____ Authorization Number: _____

Mammography Services

❑Screening mammogram (no symptoms, but also see below) **LT RT BILAT**
*Proceed with Diagnostic Imaging if indicated by Screening Mammogram

❑3-D Tomosynthesis

❑Diagnostic Mammogram (current symptoms) with US Breast if abnormal **LT RT BILAT**

❑Stereotactic Breast Biopsy **LT RT BILAT**

❑Mammo-Guided Needle Localization **LT RT BILAT**

❑Ductogram / Galactogram **LT RT BILAT**

Ultrasound services

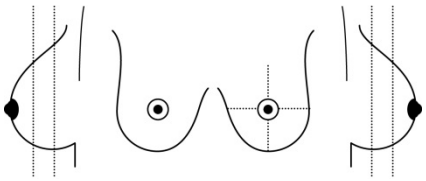
❑US Breast **LT RT BILAT**

❑US Breast Biopsy **LT RT BILAT**

❑US Breast Cyst Aspiration **LT RT BILAT**

❑US-Guided Needed Localization **LT RT BILAT**

Please Indicate Area of Concern:



MRI Services

❑MRI Breast Bilateral with and without contrast

❑MRI Breast Biopsy **LT RT BILAT**

Additional Patient Services

❑Bone Density (DEXA)

❑Physical Therapy (Lymphedema Therapy)

❑Occupational Therapy

- ❑ Integrative Therapy

❑ Dietary Counseling

❑ Psychological Counseling

Patient Navigation Services:
❑Screening & Diagnostics ❑Treatment ❑Survivorship

Preparing for your Mammogram:
On the day of your mammogram, please do not apply deodorant or powder until after the test. You will be asked to remove your bra and blouse for the mammogram. Please wear two-piece clothing if possible.

Ordering Practitioner Information

Authorized Practitioner (Print): _____ Signature (Required): _____
Note: No Signature Stamps Accepted.

Office Phone: _____ Office Fax: _____ Date: _____ Time: _____