



Phone Number: 806-799-WELL (935)
 Fax Order To: 806-771-4077
 4009 19th Street Suite E
 Lubbock, Texas 79410

Patient Name: _____
 Phone Number: _____
 DOB: _____ Today's Date: _____
 Ordering Physician: _____
 Insurance: _____

Digital Mammograms

ICD-10

Reason For Exam

- _____ Screening Mammo Bilateral
- _____ Diagnostic Mammo Bilateral
- _____ Diagnostic Unilateral RT or LT

Dx: Z12.31

Screening

Ultrasound

ICD-10

Reason For Exam

- _____ Bilateral Breast
- _____ Unilateral Breast RT or LT
- _____ Targeted 2nd look RT or LT

Breast MRI (Aurora)

ICD-10

Reason For Exam

- _____ Bilateral Breast MRI (77059)

Bone Density

ICD-10

Reason For Exam

- _____ DEXA Scan (77080)

Auth Number:

Consult Clinic

ICD-10

**Reason For Consult with
Dr. Chou**

- _____ Breast Symptoms
- _____ High Risk-Family History
- _____ Cancer-Breast, Other
- _____ Biopsy Consult

PET/CT Scans

ICD-10

Reason For Exam

- _____ PET/CT Whole Body
- _____ PET/CT Neck thru Pelvis
- _____ CT Scan of

Typically Melanoma, Sarcoma _____
 Cancer Diagnosis or Lung Nodule _____

ALL PET SCANS AND CT SCANS ARE DONE AT LUBBOCK IMAGING CENTER
4011 19TH STREET Phone: 806-793-9738 Fax: 806-797-9994