



BREAST CENTER
The Breast Experts
est. 2007

Phone: (321) 312-4178
Fax: (321) 733-0211
tepasbreastcenter.com

Patient Name: _____

DOB: ____ / ____ / ____ Insurance: _____

Phone: (____) ____ - ____

Referring Provider Name: _____

Office Phone: (____) ____ - ____

Signature: _____

Screening Mammogram (Dx: Z12.31)

Right	Bilateral	Left
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REFERRAL FORM

Diagnostic Studies

Right	Bilateral	Left	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diagnostic Mammogram
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breast Ultrasound
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breast Biopsy

Breast Cancer Support Group

Benign Breast Disease

Right		Left
<input type="radio"/> N60.01	Solitary Cyst	<input type="radio"/> N60.02
<input type="radio"/> .11	Cystic Mastopathy	<input type="radio"/> .12
<input type="radio"/> .21	Fibroadenosis	<input type="radio"/> .22
<input type="radio"/> .31	Fibrosclerosis	<input type="radio"/> .32
<input type="radio"/> .41	Ductal Ectasia	<input type="radio"/> .42
<input type="radio"/> .81	Other Benign	<input type="radio"/> .82

Abnormal Mammogram

<input type="radio"/>	R92.0	Microcalcifications
<input type="radio"/>	.1	Calcifications
<input type="radio"/>	.2	Inconclusive Mammogram
<input type="radio"/>	.8	Other abn imaging findings

Breast Mass

Right		Left
<input type="radio"/> N63.11	Upper Outer	<input type="radio"/> N63.21
<input type="radio"/> .12	Upper Inner	<input type="radio"/> .22
<input type="radio"/> .13	Lower Outer	<input type="radio"/> .23
<input type="radio"/> .14	Lower Inner	<input type="radio"/> .24
<input type="radio"/> .31	Axillary Tail	<input type="radio"/> .32
<input type="radio"/> .41	Subareolar	<input type="radio"/> .42

Breast Symptoms

<input type="radio"/>	N64.4	Breast Pain
<input type="radio"/>	.52	Nipple Discharge
<input type="radio"/>	.89	Other specified
<input type="radio"/>	N61.0	Mastitis
<input type="radio"/>	.1	Abscess
<input type="radio"/>	R59.0	Enlarged Nodes
<input type="radio"/>	.1	Generalized Enl Nodes

Female Breast Cancer

Right		Left
<input type="radio"/> C50.011	Nip/Areola	<input type="radio"/> C50.012
<input type="radio"/> .111	Central	<input type="radio"/> .112
<input type="radio"/> .211	Upper Inner	<input type="radio"/> .212
<input type="radio"/> .311	Lower Inner	<input type="radio"/> .312
<input type="radio"/> .411	Upper Outer	<input type="radio"/> .412
<input type="radio"/> .511	Lower Outer	<input type="radio"/> .512
<input type="radio"/> .611	Axillary Tail	<input type="radio"/> .612
<input type="radio"/> .911	Unspecified	<input type="radio"/> .912

Breast Implants

<input type="radio"/>		Breakdown
<input type="radio"/>	.42XA	Displacement
<input type="radio"/>	.43XA	Leakage
<input type="radio"/>	.44XA	Contracture
<input type="radio"/>	.49XA	Other complication
<input type="radio"/>	Z98.82	Breast Implant Placement
<input type="radio"/>	.86	Hx of Implant Removal

Male Breast Cancer

Right		Left
<input type="radio"/> .921	Unspecified	<input type="radio"/> .922

Most Insurances Accepted

NASA Palms Professional Office
1140 Broadband Drive
Melbourne, FL 32901
1 Mile West of the Melbourne Airport

