



**The Retreat Women's Health Center** Hours of Operation Monday-Friday 7 a.m. – 4:30 p.m.  
 1135 Professional Dr. Goshen, Indiana 46526 To Schedule Please Call (574) 364-4611  
 574-364-4600 Fax Orders to (574) 364-4630

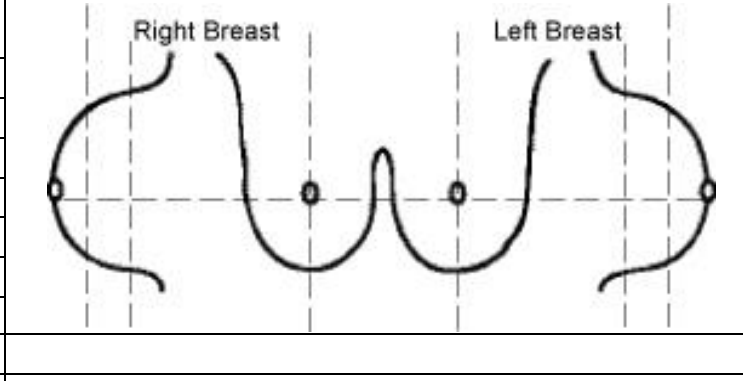
Patient Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Primary Insurance \_\_\_\_\_  
 Primary Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Ordering Physician Signature \_\_\_\_\_  
 Ordering Physician \_\_\_\_\_  
 (Please print)  
 Primary Care Physician \_\_\_\_\_  
 Send Copy To \_\_\_\_\_  
 Fax Results To \_\_\_\_\_  
 Diagnosis #1 \_\_\_\_\_ ICD-10 Code \_\_\_\_\_  
 Diagnosis #2 \_\_\_\_\_ ICD-10 Code \_\_\_\_\_  
 Diagnosis #3 \_\_\_\_\_ ICD-10 Code \_\_\_\_\_

- INFORMATION**
- Women under 30 need an order for all mammograms.
  - Women over 30 with a breast problem **must** have a diagnostic mammogram w/ breast ultrasound.
    - *The only exclusion to this is currently pregnant.*
  - Men over 18 need bilateral diagnostic mammogram w/ ultrasound if indicated.

**Breast Diagram** (for physician use only)  
 Physicians, please mark the location of any pain, palpable masses or other abnormalities on the diagram below.  
 Notes:

MAMMOGRAPHY	
	Screening Mammogram - Asymptomatic
	Mammogram Right Side – Diag. w/ US if indicated
	Mammogram Left Side – Diag. w/ US if indicated
	Mammogram Bilateral Side – Diag. w/ US if indicated



SPECIAL PROCEDURES	
	Ultrasound Guided Biopsy w/ clip placement Right / Left
	Stereotactic biopsy w/ clip placement Right / Left
	FNA / Cyst Aspiration Right / Left

ULTRASOUND	
(Exams will take 30-60 minutes to complete)	
	Breast Right _____ Left _____ Bilat _____ W/ diagnostic mammogram if indicated

**Notice: Medicare will only pay for tests that meet the Medicare definition of "Medicare Necessity".** Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed an Advanced Beneficiary Notice (ABN).  
**IMAGING** – Is ABN Attached?  Yes  No

BONE DENSITOMETRY	
	Bone Density
	Bring current medication list with dosage. Withhold calcium for 24 hours.