



NORTH HAWAII COMMUNITY HOSPITAL

AN AFFILIATE OF THE QUEEN'S HEALTH SYSTEMS

Breast Health Imaging Services

67-1125 Mamalahoa Hwy. • Kamuela, Hawaii 96743 • Phone (808) 881-4880 • Fax (808) 881-4841

Scheduling Information (All information is required)

Name: _____ Medical Record #: _____
LAST, FIRST

Date of Birth: _____

Day Phone #: _____ Cell phone #: _____

Primary Insurance: _____

Secondary Insurance: _____

Physician Request for Breast Care Services

Breast Care Services

- Screening mammogram
- Screening mammogram with implants
- Diagnostic mammogram
RT LT bilat.
- Additional Evaluation from outside prior study (must have previous films to bring in for appt.)
- Ultrasound
RT LT bilat.

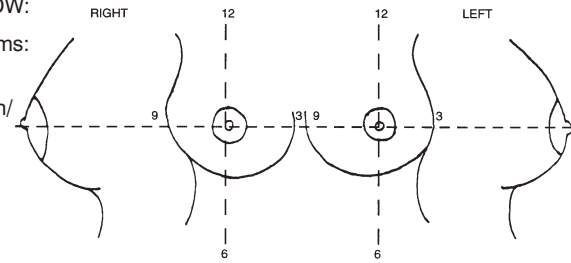
Breast Biopsy Services

- Ultrasound with needle biopsy (cyst aspiration / fine needle aspiration or core biopsy) and s/p clip placement
- Stereotactic core biopsy

REQUIRED FOR SERVICES - MARK PALPABLE AREA, OR AREA OF CONCERN BELOW:

Indicated Problems:

- +++ Scar
- Skin Lesion/
Mole
- ≈ Pain
- Palpable
Lump
- /// Thickening



R	L	Palpable Lump	Location
_____	_____	Palpable thickening	_____ clock area
_____	_____	Nipple discharge	_____ cm from nipple
_____	_____	Pain	
_____	_____	Other _____	

Diagnosis/comments: _____

ICD-10 Code _____

Date of last clinical breast exam: _____ Findings: _____

*** All outside mammograms are required prior to appointment date (screening and diagnostics)

X

PHYSICIAN SIGNATURE _____

Scheduled By	_____
	DATE: _____ TIME: _____

PHYSICIAN NAME _____

DATE/TIME _____

STREET ADDRESS _____

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*** Please sign & fax to: 808-881-4841 ***