



The Queen's Medical Center

Women's Health Center

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-7171 • Fax (808) 691-7007



Scheduling Information

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.

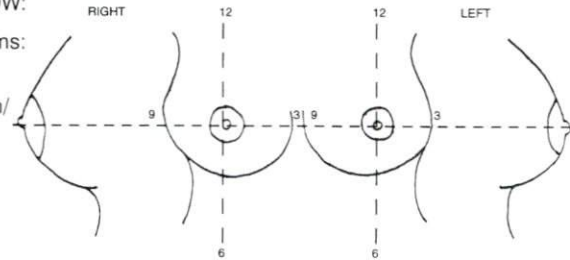
Breast Biopsy Services

- Ultrasound with needle biopsy (cyst aspiration / fine needle aspiration or core biopsy)
- Stereotactic core biopsy
- Approval to schedule core biopsy should add views warrant it

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

Indicated Problems:

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



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

Diagnosis/comments: _____

ICD-10 Code _____

Date of last clinical breast exam: _____ Findings: _____

For Dexa Scan Services

Dexa Scan

Date of previous scan: _____ Where? _____

Diagnosis/comments: _____

ICD-10 Code _____

Scheduled By	_____	
	DATE:	TIME:

PHYSICIAN SIGNATURE _____

DATE/TIME _____

PHYSICIAN NAME _____

STREET ADDRESS _____