The Rose
Center for Breast Health Excellence

PHYSICIAN ORDER FORM

The Rose | Southeast
12700 N. Featherwood, Suite 260
Houston TX 77034

The Rose | Galleria
6575 West Loop South, Suite 275
Bellaire, TX 77401

Phone Number: 281-484-4708 | **Fax:** 281-484-5626

Schedule today
281-484-4708
therose.org/appt

PATIENT INFORMATION

Patient Name: _____ Date: _____

Cell Phone: _____ Birthdate: _____

Previous Mammogram(s) Year(s): _____ Location(s): _____

Diagnosis (Dx): _____

Insurance: _____ Policy #: _____

- ☐ Breastfeeding
- ☐ Pregnant
- ☐ Breast Implants
  - ☐ Saline
  - ☐ Silicone

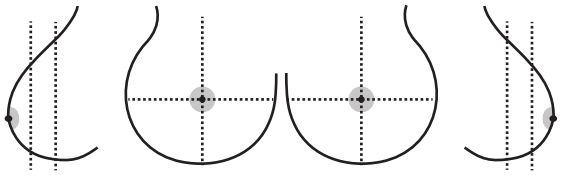
BREAST EXAMINATION REQUEST

- ☐ Screening Mammogram with additional views and/or Ultrasound if necessary for inclusive Mammogram
- ☐ Diagnostic Mammogram with Ultrasound if necessary
- ☐ Breast Ultrasound
- ☐ Breast Ultrasound for Dense Breast
- ☐ Breast Biopsy with post procedure Mammogram if needed
- ☐ High Risk/Genetic testing consultation

Select Reason for Procedure - select all that apply

- ☐ Breast Mass
- ☐ Breast Cyst
- ☐ Abnormal Mammogram
- ☐ Family History of Breast Cancer
- ☐ Breast Pain
- ☐ Nipple Discharge: *Side R or L or B*
- ☐ Personal History of Breast Cancer *(within 2 years of diagnosis)*
- ☐ Screening mammogram for malignant neoplasm of breast.
- ☐ Other

MARK SITES OF CONCERN (If applicable)



☐ **Intervention**
Procedures may include the following as clinically indicated by diagnostic studies:

- Cyst aspiration
- Fine needle aspiration biopsy
- Ultrasound-guided core biopsy
- Stereo-guided core biopsy

BONE DENSITY REQUEST

☐ DEXA Bone density test: Hip and Spine.

Select Reason for Procedure - select all that apply

- ☐ Osteopenia M85.89
- ☐ Osteoporosis M81.0
- ☐ Asymptomatic menopausal site Z78.0
- ☐ Screening Z13.820
- ☐ Other _____

REFERRING PHYSICIAN

Referring Physician Name: *(please print)* _____ NPI Number: _____

Facility: _____ Address: _____

Phone: _____ Fax: _____

Referral Contact at your Office: _____ Medicaid Provider ☐ Yes ☐ No

Referring Physician Signature: *(required)* _____

**Physician authorization may also be required.*

PATIENT INSTRUCTIONS

Please allow one (1) hour for your mammogram appointment.

1. **Do not wear lotions, powders or deodorants on the day of your appointment.**
2. **Please wear two-piece clothing for convenience and comfort.**
3. **For a biopsy, let our staff know if you are taking any blood- thinning medications, aspirin, ibuprofen, or medications that affect blood clotting. You may need to stop taking these medicines before your biopsy.**
4. **For bone density testing, please do not wear any metal, i.e. zippers or buttons.**
5. **Please do not bring a child who requires supervision while you are being examined.**
6. **Please bring the following with you to your appointment:**

   ☐ This referral form from your physician.

   ☐ Prior images and reports from the two most recent mammograms and/or ultrasounds for comparison purposes, or the address and phone number of the facility where they can be obtained. (This will allow The Rose to quickly compare to your new digital images). Your results may be delayed if we must wait for your prior images and reports to arrive. Prior images and reports are mandatory for diagnostic appointments.

INSURANCE ACCEPTED

Physician referral/authorization may be required based on your plan.

We accept most major insurance carriers

Please be advised that insurance coverage may differ and we recommend verifying directly with us by contacting our Business Office at 281-481-3208.

- Aetna
- Amerigroup
- Blue Cross/Blue Shield
- Cigna
- Community Health Choice
- Devoted
- Humana
- Medicare
- Medicaid
- Molina
- PHCS
- United Health Care
- Wellmed
- Wellcare