

Sherman Center for Women's Health

1425 N. Randall Rd. • Elgin, IL 60123
Central Scheduling: 224-783-8972 • FAX: 224-783-2823

| | |
|---|---|
| Date of Order: _____ | Does Patient have Medicare Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Patient Name: _____ | DOB: _____ Phone: _____ |
| Patients Diagnosis / Symptoms: _____ _____ _____ | |
| Implants? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Comments / Special Instructions: _____ | |
| Stamped or Printed Physician Name: _____ | |
| Physician Signature: _____ | |
| <input type="checkbox"/> Results faxed to your office? Fax Number: _____ | |

Mammography Orders:

| | |
|--|---|
| <input type="checkbox"/> Mammography Standing Orders – Physician approves diagnostic imaging as recommended by Radiologist. | |
| <input type="checkbox"/> Screen Bilateral (No symptoms) | CPT 77057 |
| <input type="checkbox"/> Screen Unilateral (No symptoms – post mastectomy) | CPT 77055 |
| <input type="checkbox"/> Diagnostic Mammogram Bilateral (With Ultrasound as indicated) | CPT 77056 |
| <input type="checkbox"/> Diagnostic Mammogram Unilateral (With Ultrasound as indicated) | <input type="checkbox"/> RT <input type="checkbox"/> LT CPT 77055 |
| <input type="checkbox"/> MRI of Breast (Bilateral w/wo contrast done at the hospital) | CPT C8908 |
| <input type="checkbox"/> Ultrasound of Breast (With Mammogram as indicated) | <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> L T CPT 76645 |
| <input type="checkbox"/> Ultrasound Guided Cyst Aspiration | <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> LT CPT 76942 |
| <input type="checkbox"/> Ultrasound Breast Needle Biopsy (w/wo Mammogram as indicated) | <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> LT CPT 76942 |
| <input type="checkbox"/> Stereotactic Breast Biopsy | <input type="checkbox"/> BILAT <input type="checkbox"/> RT <input type="checkbox"/> LT CPT 77031 |
| <input type="checkbox"/> Other: _____ | |
| Bone Density Study: | |
| <input type="checkbox"/> Hip / Lumbar Spine | CPT 76075 |



**SHERMAN CENTER FOR WOMENS HEALTH -
GLOBAL ORDER FORM**

Information Regarding Your Mammogram

Thank you for choosing Sherman Health for your mammogram. Sherman Health is dedicated to excellent quality and service. All radiologists are board certified and are committed to provide timely accurate results to our customers.

Previous Films:

Previous films aid the radiologist with their interpretation of your exam and reduce call back rates. If you have had a mammogram at another facility, please contact that facility to have your prior films released to Sherman Health. **The films must be received prior to your appointment.**

Please have films mailed to:

**Sherman Hospital
1425 N. Randall Rd.
ATTN: Radiology
Elgin, IL 60123**

Please call 224-783-8221 if you have questions or concerns regarding the transfer of your previous films.

On the day of your test:

- Please do not wear deodorant or perfume. Sherman will provide deodorant to apply following your test.
- We recommend you wear a two-piece outfit as you will only need to undress from the waist up for your mammogram.
- Please arrive 15 minutes prior to your schedule time to allow for check-in.
- You will be provided a robe for comfort during your exam.
- Expect to spend up to 30 minutes at the center for a screening mammogram or up to 2 hours for Diagnostic mammography and additional views.

Results:

- Your physician will receive your results within 1-2 working days. You will receive a letter from Sherman Health within 2 weeks notifying you of your results.
- You may be asked to return for additional imaging. Please do not be alarmed. Twenty percent (20%) of all mammography patients are asked to return for additional imaging to complete their exam.
- If you are asked to return, you will need to obtain an order from your physician and call 224-783-8972 to schedule your appointment.
- If, for any reason, you or your physician have your original mammogram films, please bring them with you to this appointment.
- To obtain your films or reports, please contact Sherman Health at 224-783-8221.

Sherman Center for Women's Health

1425 N. Randall Rd. • Elgin, IL 60123
Central Scheduling: 224-783-8972 • FAX: 224-783-2823

Date of Order: _____ Does Patient have Medicare Coverage? Yes No

Patient Name: _____ DOB: _____ Phone: _____

Patients Diagnosis / Symptoms: _____

Implants? Yes No

Comments / Special Instructions: _____

Stamped or Printed Physician Name: _____

Physician Signature: _____

Results faxed to your office? Fax Number: _____

Mammography Orders:

Mammography Standing Orders – Physician approves diagnostic imaging as recommended by Radiologist.

Screen Bilateral (No symptoms) CPT 77057

Screen Unilateral (No symptoms – post mastectomy) CPT 77055

Diagnostic Mammogram Bilateral (With Ultrasound as indicated) CPT 77056

Diagnostic Mammogram Unilateral (With Ultrasound as indicated) RT LT CPT 77055

MRI of Breast (Bilateral w/wo contrast done at the hospital) CPT C8908

Ultrasound of Breast (With Mammogram as indicated) BILAT RT L T CPT 76645

Ultrasound Guided Cyst Aspiration BILAT RT LT CPT 76942

Ultrasound Breast Needle Biopsy (w/wo Mammogram as indicated) BILAT RT LT CPT 76942

Stereotactic Breast Biopsy BILAT RT LT CPT 77031

Other: _____

Bone Density Study:

Hip / Lumbar Spine CPT 76075



**SHERMAN CENTER FOR WOMENS HEALTH -
GLOBAL ORDER FORM**

Information Regarding Your Mammogram

Thank you for choosing Sherman Health for your mammogram. Sherman Health is dedicated to excellent quality and service. All radiologists are board certified and are committed to provide timely accurate results to our customers.

Previous Films:

Previous films aid the radiologist with their interpretation of your exam and reduce call back rates. If you have had a mammogram at another facility, please contact that facility to have your prior films released to Sherman Health. **The films must be received prior to your appointment.**

Please have films mailed to:

**Sherman Hospital
1425 N. Randall Rd.
ATTN: Radiology
Elgin, IL 60123**

Please call 224-783-8221 if you have questions or concerns regarding the transfer of your previous films.

On the day of your test:

- Please do not wear deodorant or perfume. Sherman will provide deodorant to apply following your test.
- We recommend you wear a two-piece outfit as you will only need to undress from the waist up for your mammogram.
- Please arrive 15 minutes prior to your schedule time to allow for check-in.
- You will be provided a robe for comfort during your exam.
- Expect to spend up to 30 minutes at the center for a screening mammogram or up to 2 hours for Diagnostic mammography and additional views.

Results:

- Your physician will receive your results within 1-2 working days. You will receive a letter from Sherman Health within 2 weeks notifying you of your results.
- You may be asked to return for additional imaging. Please do not be alarmed. Twenty percent (20%) of all mammography patients are asked to return for additional imaging to complete their exam.
- If you are asked to return, you will need to obtain an order from your physician and call 224-783-8972 to schedule your appointment.
- If, for any reason, you or your physician have your original mammogram films, please bring them with you to this appointment.
- To obtain your films or reports, please contact Sherman Health at 224-783-8221.