



**CRMC OUTPATIENT  
IMAGING/LAB**  
190 D Westside Drive  
Douglas, GA 31533  
Ph: 912-384-1900  
Scheduling- Ext 4153  
Information- Ext 4354  
Fax: 912-383-5675



Ins / Precert Info:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Insurance Rep. Name: \_\_\_\_\_

Ins. Phone # \_\_\_\_\_

Policy Number: \_\_\_\_\_

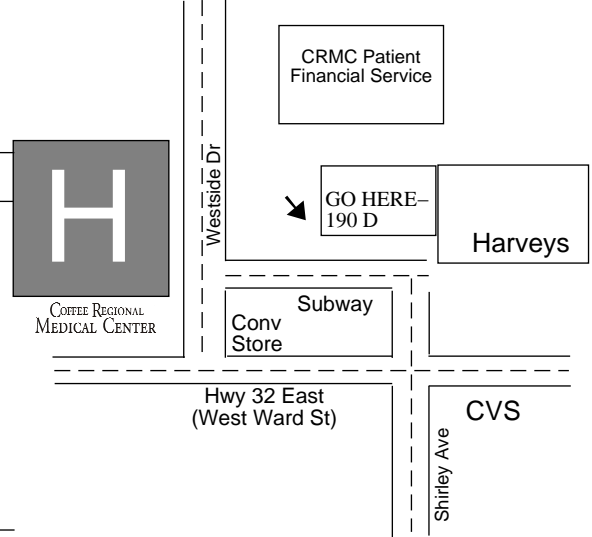
Insured Name: \_\_\_\_\_

Precert Number: \_\_\_\_\_

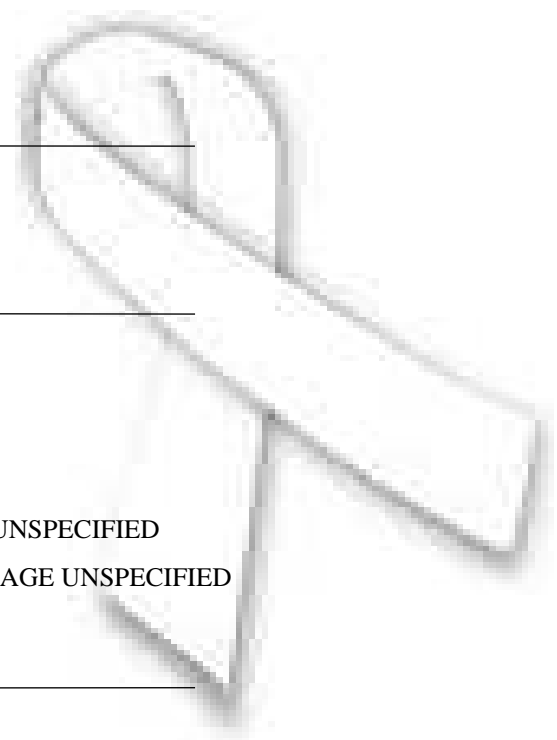
Date Written: \_\_\_\_\_ Time: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Physician: (print) \_\_\_\_\_



- \_\_\_\_\_ **EMPLOYEE SCREENING (77067)**
- \_\_\_\_\_ **MAMMOGRAM SCREENING BILATERAL (Z12.31) (77067 )**
- \_\_\_\_\_ **MAMMOGRAM SCREENING UNILATERAL LEFT/RIGHT (77067)**
- \_\_\_\_\_ **DIAGNOSTIC MAMMOGRAM BILATERAL (77066)**
- \_\_\_\_\_ **DIAGNOSTIC MAMMOGRAM UNILATERAL LEFT/RIGHT (77065)**
  - \_\_\_\_\_ R92.8 ABNORMAL MAMMOGRAM
  - \_\_\_\_\_ N63 LUMP / MASS
  - \_\_\_\_\_ N64.4 BREAST PAIN
  - OTHER \_\_\_\_\_
- \_\_\_\_\_ **STEREOTACTIC BREAST BIOPSY (CPT 77031)**
  - PATIENT'S WEIGHT** \_\_\_\_\_
  - \_\_\_\_\_ R92.8 ABNORMAL MAMMOGRAM
  - OTHER \_\_\_\_\_
- \_\_\_\_\_ **(NO ASPIRIN OR ASPIRIN PRODUCTS X 3 - 5 DAYS)**
- \_\_\_\_\_ **BONE DENSITY (DEXA) (CPT 77080)**
  - PATIENT'S WEIGHT** \_\_\_\_\_
  - \_\_\_\_\_ M81.0 OSTEOPOROSIS
  - OSTEOPENIA \_\_\_\_\_ M89.9 DISORDER OF BONE, UNSPECIFIED
  - \_\_\_\_\_ M94.9 DISORDER OF CARTILAGE UNSPECIFIED
  - OTHER \_\_\_\_\_



PHYSICIAN SIGNATURE

DATE

TIME