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Wichita, KS 67208

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Pt's Name \_\_\_\_\_ Pt's Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Appt. Date \_\_\_\_\_ Pt's Phone \_\_\_\_\_  
Referring Physician \_\_\_\_\_ Insurance \_\_\_\_\_

## PREPS

### MAMMOGRAMS - SCREENING

Previous mammogram done at \_\_\_\_\_ Year \_\_\_\_\_

Wear something easily removable from the waist up.

No deodorant, powder, lotion, perfume under arms or on breast area.

### DEXA

Wear comfortable clothing, **Dx:** \_\_\_\_\_  
preferably without metal or zippers.

<b>Osteoporosis Screening, Postmenopausal On Hormones</b>	<b>V82.81 &amp; V07.4</b>
<b>Osteoporosis Screening, Postmenopausal No Hormones</b>	<b>V82.81 &amp; V49.81</b>
Osteoporosis, Unspecified	733.00
Osteoporosis, Postmenopausal	733.01
Osteoporosis, Drug-Induced	733.09
Osteoporosis, Unspecified	733.90
Pathologic Fracture (requires fifth digit)	733.1_____
Postablative Ovarian Failure	256.2
Follow-up to Osteoporosis Therapy	V67.59
Other Dx	_____