

3232 E. Murdock
Wichita, KS 67208

Phone: 316-219-6700
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Toll Free: 866-803-2676

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.

Osteoporosis Screening, Postmenopausal On Hormones	V82.81 & V07.4
Osteoporosis Screening, Postmenopausal No Hormones	V82.81 & V49.81
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	_____