



Mammography Order Form

Lake Forest Hospital

660 N. Westmoreland Road
Lake Forest, IL 60045-1696

**APPOINTMENTS: Call/fax according
to contact information on back**

Thank you for referring your patient for Diagnostic Imaging services at Lake Forest Hospital.

In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite your request and fax to: (847) 535-8001.

STAT

Call results to: _____

Fax results to: _____

PATIENT INFORMATION

Last Name _____ First Name _____

Date of Birth _____

Home Phone _____ Work/Cell Phone _____

PHYSICIAN INFORMATION

Referring Practitioner Last / First Name _____

NPI # _____ Practitioner's Fax _____

Practitioner's Signature _____ Date _____

Copy of results to: _____

SIGNS & SYMPTOMS / DIAGNOSIS / ICD-9

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD-9 for each test/treatment. Do not include a "rule-out" diagnosis.

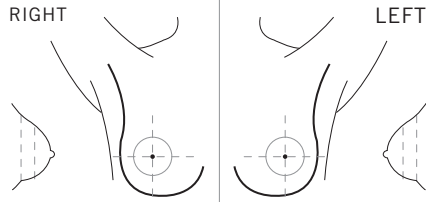
Mammography

- Annual Screening Mammogram R L B
- WHEN MEDICALLY NECESSARY:**
- Breast Ultrasound may be performed
- Diagnostic Mammogram may be performed
- Diagnostic Mammogram..... R L B
- Breast Ultrasound..... R L B

INDICATION

- Palpable Lump or Thickening
- Previous Lumpectomy
- Nipple Discharge
- Recommended Mammographic Follow-Up (probably benign findings)
- Focal Pain
- Additional Evaluation of Screening Mammogram

Comments: _____



ILLUSTRATE: O= Lump X=Pain

BREAST BIOPSY

- Stereotactic
- Ultrasound-Guided
- Ultrasound Cyst Aspiration
- MRI-Guided

OSTEOPOROSIS SCREENING

- DEXA
- Quantitative CT
- Vertebral FX Assessment



Mammography Order Form

test results/
questions 847 535 6300



Call / Fax for Appointments

- 1 Lake Forest Hospital Campus**
660 N. Westmoreland Road
Lake Forest, Illinois 60045
(847) 535-8000 phone
(847) 535-8001 fax
- 2 Grayslake Campus**
1475 E. Belvidere Road (Rte. 120)
Grayslake, Illinois 60030
(847) 535-8000 phone
(847) 535-8001 fax
- 3 Bannockburn**
2151 Waukegan Road, Suite 150
Bannockburn, Illinois 60015
(847) 317-0011 phone
(847) 535-8001 fax
- 4 Glenview**
2501 Compass Road
Glenview, Illinois 60026
(847) 535-8000 phone
(847) 535-8001 fax
- 5 Gurnee – Brookside**
36100 N. Brookside Drive
Suite LL-10
Gurnee, Illinois 60031
(847) 535-8000 phone
(847) 535-8001 fax
- 6 Gurnee – Tower Court**
25 Tower Court, Suite A
Gurnee, Illinois 60031
(847) 249-3700 phone
(847) 535-8001 fax
- 7 Vernon Hills**
870 W. End Court, Suite 102
Vernon Hills, Illinois 60061
(847) 535-8000 phone
(847) 535-8001 fax

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patient
scheduling 847 535 8000

physician
referral 847 535 6171