

**PLEASE CHECK
LOCATION**

- ☐ Texas Medical Center
 ☐ Clear Lake
 ☐ Sugar Land
 ☐ Towne Lake
 ☐ West
☐ Baytown
 ☐ Kirby
 ☐ The Woodlands
 ☐ Willowbrook

Patient Name	SSN	DOB	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient Home Phone:	Patient Work Phone:	Patient Cell Phone:	
Insured Name	Plan Name	Plan Phone No.	
ID No.	Group No.	Auth No.	
Diagnosis		ICD-10 Code	

BREAST IMAGING PROCEDURES

<input type="checkbox"/> Screening mammogram (patients with no symptoms) (Follow-up diagnostic work-up, if clinically indicated by screening exam)	<input type="checkbox"/> Tomosynthesis
<input type="checkbox"/> Bilateral diagnostic mammogram (procedure to treat or diagnose a patient's specific symptoms) Breast ultrasound, if clinically indicated	<input type="checkbox"/> Tomosynthesis, if needed
<input type="checkbox"/> Unilateral diagnostic mammogram Breast ultrasound, if clinically indicated	<input type="checkbox"/> Tomosynthesis, if needed
<input type="checkbox"/> Ultrasound breast	Please circle RIGHT breast LEFT breast
<input type="checkbox"/> Ultrasound axilla	Please circle RIGHT breast LEFT breast
<input type="checkbox"/> Molecular breast imaging (only available at the Kirby and Sugar Land locations)	
<input type="checkbox"/> MRI breast bilateral (unilateral for mastectomy patients only)	<input type="checkbox"/> Without contrast <input type="checkbox"/> With and without contrast

INTERVENTIONAL PROCEDURES

Outside films and reports are required prior to scheduling an MRI or interventional procedure, if the patient has not had a recent mammogram at a Houston Methodist facility.

<input type="checkbox"/> Breast biopsy if clinically indicated
<input type="checkbox"/> Ultrasound - guided aspiration/biopsy
<input type="checkbox"/> Stereotactic core biopsy
<input type="checkbox"/> Abscess drainage
<input type="checkbox"/> Galactogram
<input type="checkbox"/> Localization prior to breast surgery
<input type="checkbox"/> MRI breast biopsy with and without contrast
<input type="checkbox"/> Lymph node biopsy

OUTSIDE FILM INTERPRETATION

<input type="checkbox"/> For outside film interpretation please attach a copy of the patient's insurance card for registration purposes.
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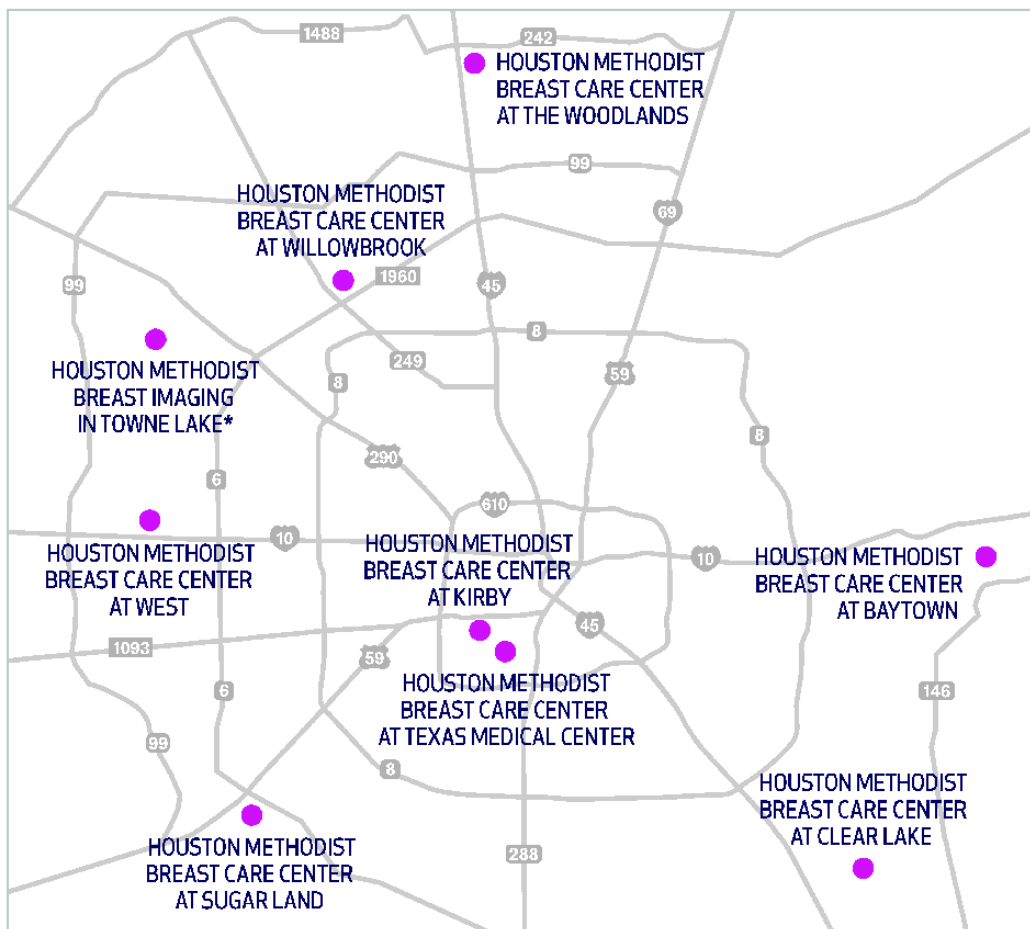
BONE DENSITY IMAGING

<input type="checkbox"/> Bone density (DEXA)	ICD-10 code
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CLINICAL HISTORY

Notes:		<p>RIGHT breast LEFT breast</p>
Physician's Name	Phone Number NPI	
Physician's Signature	Date and time	

Houston Methodist Breast Care Centers



*Most of our locations offer comprehensive breast care. Towne Lake offers screening mammograms only.

Texas Medical Center

6550 Fannin St.
Smith Tower, 7TH Floor
Houston, TX 77030
713.441.PINK (7465)
Fax: 713.791.5075

Baytown

1677 W. Baker Rd., 2nd Floor
Baytown, TX 77521
346.292.PINK (7465)
Fax: 832.556.6564

Clear Lake

18100 Houston Methodist Dr.
Medical Office Building 2, Suite 125
Houston, TX 77058
281.333.8858
Fax: 281.333.8869

Kirby

2615 Southwest Fwy., Suite 110C
Houston, TX 77098
713.441.PINK (7465)
Fax: 713.790.3119

Sugar Land

16655 Southwest Fwy.
Sugar Land, TX 77479
281.242.PINK (7465)
Fax: 281.274.7101

The Woodlands

17183 Interstate 45 S.
Medical Office Building 1, Suite 310
The Woodlands, TX 77385
936.270.3600
Fax: 936.270.3601

Towne Lake

18121 Tuckerton Rd., Suite 180
Cypress, TX 77433
281.737.1832
Fax: 281.485.4540
Screening mammograms only.

West Houston-Katy

18300 Katy Fwy.
Medical Office Building 2, Suite 125
Houston, TX 77094
832.522.PINK (7465)
Fax: 832.522.0123

Willowbrook

18220 State Hwy. 249, Suite 1280
Houston, TX 77070
281.737.PINK (7465)
Fax: 713.791.5050

Visit houstonmethodist.org/breast-care
to schedule online.