

# Mammography & DXA Order / Instruction Form

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

Date Appointment is Scheduled For: \_\_\_\_\_ Time: \_\_\_\_\_

Special Requests / Special Assistance: \_\_\_\_\_

\_\_\_\_ RCI Imaging Center  
1948 1<sup>st</sup> Ave NE  
Cedar Rapids, IA  
Phone: 319-364-0121  
Fax: 319-364-5684

\_\_\_\_ St. Luke's Breast & Bone Health  
PCI Medical Pavilion  
202 10th St SE, Suite 265  
Cedar Rapids, IA  
Scheduling: 319-369-8129  
Phone: 319-369-7216  
Fax: 319-369-7808

\_\_\_\_ Mercy Women's Center  
701 10th St. SE  
Cedar Rapids, IA  
Scheduling: 319-861-7778  
Fax: 319-861-7635

\_\_\_\_ OB/GYN Associates, P.C.  
855 A Ave. NE  
Cedar Rapids, IA  
Phone: 319-368-5500  
Fax: 319-368-5503

\_\_\_\_ St. Luke's Breast & Bone Health  
Marion Campus  
2996 7th Ave., Suite A  
Marion, IA 52302  
Scheduling: 319-369-8129  
Phone: 319-286-4344  
Fax: 319-286-4345

\_\_\_\_ Mobile Mammography  
Mercy Medical Center  
701 10th St. SE  
Cedar Rapids, IA  
Scheduling: 1-800-626-6826  
Phone: 319-861-7778  
Fax: 319-861-7635

***All Facilities are accredited by the Iowa Department of Public Health and certified by the FDA***

## Mammogram

☐ **Screening Bilateral** V76.12 / Z12.31(no symptoms)

☐ **Screening Unilateral** Right Left

- ☐ A personal history of breast cancer\*  
☐ A personal history of biopsy proven benign breast disease\*

☐ **Diagnostic Bilateral**

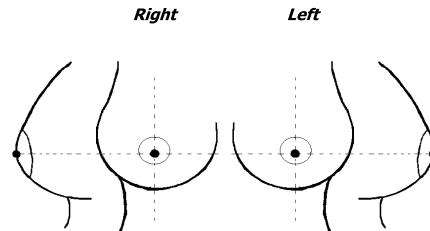
☐ **Diagnostic Unilateral** Right Left

Symptomatic, has certain risk factors, or needs additional mammographic views and/or breast ultrasound as recommended by a radiologist.

### Please indicate reason(s) for diagnostic exam:

- ☐ Palpable abnormality (please mark diagram) 611.72/N63  
☐ A personal history of breast cancer\* V10.3/Z85.3  
☐ Pain 611.71/N64.4  
☐ Discharge 611.79/N64.52  
☐ A personal history of biopsy-proven benign breast disease\*Z86.018  
☐ Other N64.9 (please explain i.e. 6 mo f/u) \_\_\_\_\_

\*A personal history of breast cancer or biopsy-proven benign disease are appropriate indications for either a screening or diagnostic mammogram. The referring clinician and patient should choose which test is appropriate.



### Clinical Breast Exam:

\_\_\_Normal \_\_\_Abnormal (please mark diagram) \_\_\_Implants

Comments: \_\_\_\_\_

### \*If the results indicate further tests are necessary, please check all boxes below that apply:

- ☐ Please perform additional mammographic views as needed based on mammographic findings/signs or symptoms.  
☐ Please perform additional breast ultrasound as needed based on mammographic/physical findings.  
☐ Please schedule and perform minimally invasive breast biopsy if indicated by mammographic and/or ultrasound findings.

## Bone Densitometry

☐ **DXA Scan**

Symptoms/Diagnosis: \_\_\_\_\_

Osteoporosis Medications: \_\_\_\_\_

Patient weight: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clinician*

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

## **MAMMOGRAPHY PROCEDURE**

A mammogram is an x-ray image of the breast. Modern techniques of mammography provide the sharpest images available of the inner structure of the breast. A physician specialist, a radiologist, studies these images to determine whether the breast structure appears normal or if it signals the presence of disease.

Obtaining the image is a simple procedure. A specially trained radiographer makes the image. She asks the patient to undress from the waist up and then positions the x-ray machine for the exposures. Two views of each breast are customary - one from the side and one from the top. For each view the breast will be squeezed briefly to flatten it out for a better image. The compression is necessary to produce a good image, and while it causes some degree of discomfort, it is not harmful. Occasionally it is necessary to obtain additional views. These additional images may be accomplished on the same day or may require the patient to come back another day.

Evaluating the mammogram is the job of the radiologist; he reports the findings to your referring clinician. A letter with your results will be sent to you also. If additional imaging is necessary, someone will call you from the facility that performed your mammogram to make those arrangements.

Mammography along with breast self-exam and clinical breast exam will result in the earliest possible detection of breast disease.

### **Preparation for the Mammography Examination**

To prepare for the mammography examination you are instructed to:

1. Wash the skin area of both breasts.
2. Do **not** use any deodorants, antiperspirants, perfume, lotion, powder or preparation of any kind in your underarm area, on or under your breasts.
3. Wear a two-piece garment so that you can easily undress to the waist for the procedure.
4. Try to avoid scheduling the mammogram the week prior to and during the first four days of menstruation as the breasts may be tender causing some discomfort during compression. (Schedule day 5-21 of the menstrual cycle)

### **American Cancer Society Recommendations for Mammography**

- Baseline mammogram by age 40.
- Annually after age 40.

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## **BONE DENSITOMETRY PROCEDURE (DXA SCAN)**

DXA stands for Dual Energy X-ray Absorptiometry, and it is considered to be the “gold standard” technique of measuring bone mineral density (BMD). It is an accurate means of diagnosis and of following your bone density measurements.

### **How is BMD measured?**

The bone densitometer uses small amounts of x-ray to produce images of the spine, hips and if necessary, the forearm. A computer detects how much bone mineral is present. The spine and hips are measured because most osteoporotic fractures and bone loss occur in these areas. The test is a simple and painless method for evaluating bone mass and osteoporosis.

### **Preparing for the DXA Scan**

1. Dress comfortably, preferably without metal buttons, buckles or zippers.
2. Do not take calcium, mineral tablets, or vitamins for 24 hours before the DXA exam.
3. No IV contrast, barium studies, or nuclear medicine studies for one week prior to the DXA exam.

### **National Osteoporosis Foundation Recommendations for Bone Mineral Testing**

- Women aged 65 and older regardless of risk factors.
- Younger postmenopausal women with one or more risk factors (other than being white, postmenopausal, and female).
- Postmenopausal women who present with fractures (to confirm diagnosis and determine disease severity).