



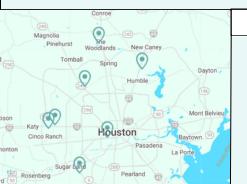




PATIENT INFORMATION

Patient Name	Patient DOB		Patient Phone Number	
		Pregna	nt	O Breast Implants
Patient Email Address		Breastfeeding		□Saline □Silicone
PHYSICIAN INFORMATION				
Physician Name (printed)	Physician NPI			Date
Physician Phone	Physician Fax			Practice Name
Thermography Imaging Requested	Ultrasound Imaging Requested			
 Breast Thermography CPT 93740 Half Body Thermography CPT 93740 Full Body Thermography CPT 93740 One Region Thermography CPT 93740 Two Regions Thermography CPT 93740 (The breast area is included in the Half Body and Full Body scan) 	 Bilateral Breast CPT 76642 Unilateral Breast CPT 76641 Abdominal Complete CPT 76700 Abdominal Limited CPT 76705 Thyroid CPT 76536 Carotid Artery CPT 93880 		 Renal (Kidneys) CPT 76770 Pelvic (Transabdominal) CPT 76856 Aortic Aneurysm Screening CPT 76706 Superficial Mass CPT 76604 Testicular CPT 76870 	
REASON FOR PROCEDURE	PATIENT INSTR	UCTIONS		
ICD-10 CODE For each indicated exam: PHYSICIAN SIGNATURE	Important prep instructions for thermography and ultrasound exams can be found on our website: www.bloomwc.com/prep If you have a prior mammogram or ultrasound, you need to bring the report and disc with images to your appointment Our services are not typically covered by traditional insurance, but you may be able to get reimbursement with a doctor's order—coverage is not guaranteed. HSA or FSA cards are accepted.			
	1			
Physician Signature				Date

LOCATIONS



13644 Breton Ridge St, Ste E Houston, TX 77070

Main Office

Satellite Offices (limited dates)

- ► The Woodlands
- River Oaks
- Kingwood
- Missouri City

Katy