

PHYSICIAN REFERRAL

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Houston TX 77034
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Suite 275
Bellaire, TX 77401
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Make your appointment today
281-484-4708 Main number
therose.org Online



Date: _____

Patient Name: _____

Phone: _____ Birthdate: _____

Previous Mammogram(s) Year(s): _____ Location(s): _____

Diagnosis (Dx): _____

Breastfeeding? Yes No

Pregnant? Yes No

Breast Implant(s)? Yes No

Saline

Silicone

SCREENING 3D

No Symptoms
Annual screening
Patients with NO symptoms or lumps
NO recent breast imaging abnormality

HIGH RISK
Strong family history
Positive genetic markers

BONE DENSITY

Bone density test: Hip and Spine

Indications: _____

DIAGNOSTIC BREAST IMAGING

Mammography and/or ultrasound
when clinically indicated 3D

Indications

- Abnormal mammogram report
- Lump or mass palpated by clinician:
_____ please indicate location
- Lump or mass palpated by patient
- Nipple Discharge: _____
please indicate color
- Personal history of breast cancer
(within 5 years of diagnosis)
- Other: _____

PLEASE PRINT

Referring Physician Name (Please Print):

Facility _____

Phone _____

Fax _____

NPI Number _____

Referring Physician Signature (Required):

MARK SITES OF CONCERN



INTERVENTION

Procedures may include the following as clinically indicated by diagnostic studies:

- * Cyst aspiration
- * Fine needle aspiration biopsy
- * Ultrasound-guided core biopsy
- * Stereo-guided core biopsy
- * Wire localization for surgical biopsy
- * Ductogram

PATIENT INSTRUCTIONS

Please allow one (1) hour
for your mammogram appointment

1. Do not wear lotions, powders or deodorants on the day of your appointment.
2. Please wear two-piece clothing for convenience and comfort.
3. For a biopsy, please do not take any aspirin or Advil for at least seven (7) days before your appointment.
4. For bone density testing, please do not wear any metal, i.e. zippers or buttons.
5. Please do not bring a child who requires supervision while you are being examined.
6. Please bring the following with you to your appointment:
 - This referral form from your physician.
 - The dates of your last menstrual period, or year of hysterectomy (_____).
 - Films/CDs from the two most recent mammograms and/or ultrasounds and the reports for comparison purposes, or the address and phone number of the facility where they can be obtained. (This will allow The Rose to quickly compare to your new digital images). Your results may be delayed if we must wait for your old films to arrive. **Films/CDs are mandatory for diagnostic appointments.**
 - Any prior bone density test results, or the address and phone number of the facility, or physician, where they can be obtained.

INSURANCE ACCEPTED

Don't see your insurance listed?
Call our Business Office at 281-481-3208.

Accountable Health Plans

ACA – Affordable Care Act:

- Aetna
- Allied
- Ambetter
- BCBS-HMO/PPO
- Cigna
- Community Health Choice
- Molina Healthcare
- Pan American
- United Healthcare Compass, Balanced, and Plus

Insurances Accepted:

- Admar/Med Network
- Administrative Concepts
- Aetna – all plans except Memorial Hermann,
 - Aetna Memorial Hermann Accountable Care only
 - HCA (can be seen with authorization)
 - Kelsey-Seybold
- Aetna Medicare Advantage
- Affiliated Healthcare/PHN
- Allera
- Allied
- Allwell
- Amerigroup this includes Children's Medicaid
- Anthem
- Beechstreet A Multiplan Network
- Blue Choice
- Blue Cross & Blue Shield with Medicare
 - Advantage HMO
- Blue Essentials
- Blue Premier
- Boon Chapman
- Care Improvement PPO
- CCN
- Champ VA
- Cigna – all plans except Kelsey Seybold
- Community Health Choice
- Coventry Healthcare – GEHA only
- Devoted Health
- Evercare of Texas
- Fiesta
- First Health
- Friendswood ISD
- Galaxy Network

- GPA – Group and Pensions Administrators
- Great West part of Cigna
- Healthnet Pro
- Healthmedpro
- HealthSmart ACCEL, Preferred and Payers Organization (HPO)
- HHPO - PPO Next
- HMO Blue (with referral)
- Humana - PPO, HMO & MMP - **Not HMOx**
- Indemnity - Non-contracted
- Medcorp Southwest
- Medicaid includes * HTW Healthy
 - Texas Women's Program
- Medicaid HMO Plans:
 - Amerigroup/Americaid/Amerihealth Star+Plus
 - Community Health Choice Star program
 - CHIP
 - Evercare Star / Star+Plus
 - Molina Healthcare MCD/CHIP
 - Texas Health Network / PCCM
 - United Healthcare Community Health Plan
 - Star & StarPlus
 - Superior Medicaid
- Medical Control - HHPO
- Medicare HMO Plans:
 - Superior Medicare
- Medicare Traditional
- Medicare Advantage Plans:
 - Advantra Freedom PPO **Not HMO**
 - Aetna PPO/HMO
 - Amerigroup-Amerivantage HMO
 - AARP-Medicare Complete
 - BC/BS of Texas: Blue Medicare PPO/HMO
 - Care Improvement Plus
 - Community Health Choice, Bronze, Silver, Gold
 - Evercare of Texas, LLC : Plan MH
 - Health Med Pearl
 - Health Net Pro
 - Humana Ins Co: Humana Gold Choice,
 - Humana Choice PPO
 - Molina
 - Secure Horizons Medicare Replacement
 - SelectCare of Texas, LLC: Texan Plus, Texan Complete, Texan Value
 - Texas HealthSpring: Advantage, Metro
 - Advantage Plus, True Choice

- United Healthcare:
 - Well Care
- Medicare Railroad
- MetLife
- Molina all plans
- Multiplan
- MyBlue Health
- NAPP
- National Preferred Provider Network (NPPN)
- Pacificare
- PHCS
- Point Comfort
- PPC – Patient Physician Cooperative
- PPONext - HHPO
- Preferred Plan of Texas
- Premier/HAS
- Pronet
- Prudential
- Randalls
- Renaissance - Texas Health Spring
- Secure Horizons
- Select Care - Texans Plus
- TX Annual Conf. of United Methodist Churches
- Texas True Choice - Beechstreet
- Texas Municipal League (TML)
- TriCare Standard
- TriCare Prime **with Authorization only**
- *TriWest for VA patients
- TRS Care – Aetna **Not in network TRS Active Care group 866344**
- UMR – United Medical Resources
- Unicare - Performance, Classic, PPO, HMO
- United Healthcare
- United Healthcare Compass, Balanced, and Plus
 - (Marketplace/ACA)
- United Healthcare Community Plan Star & Star Plus, MMP
- United Health One
- USA Managed Care
- Van Lang IPA
- WellCare