

Name _____

Clinical Information _____

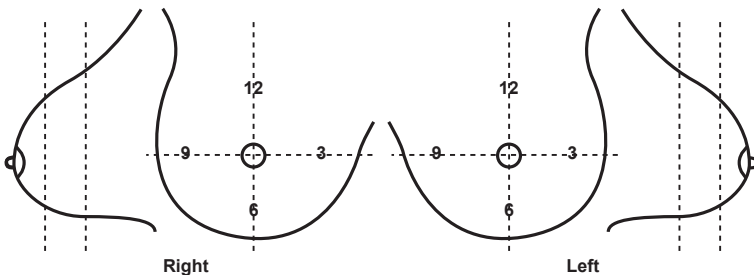
Date/Time of Appointment _____

- BILATERAL SCREENING MAMMOGRAM with CAD
To include Diagnostic Mammogram and Ultrasound if needed.
Symptoms – Asymptomatic, Family History or Implants
- BILATERAL DIAGNOSTIC MAMMOGRAM with CAD
Symptoms – Breast Cancer History, Lump, Discharge or Follow-up
- UNILATERAL DIAGNOSTIC MAMMOGRAM with CAD Rt. Lt.
Symptoms – Breast Cancer History, Lump, Discharge or Follow-up
- BREAST ULTRASOUND Rt. Lt.
- BREAST MRI Performed at Greenville MRI
- PERFORM ASPIRATION OR BIOPSY AS NEEDED
- DEXA (BONE DENSITY)
- OTHER _____

Procedures:

- Core Biopsy FNA
- Wire Localization Ductogram
- Cyst Aspiration Other: _____

PLEASE INDICATE AREAS OF CONCERN



Physician Signature* _____

*** Requires original physician signature**

INSTRUCTIONS:

Mammograms

1. Do not use powder, deodorant or lotion.
2. Wear a two-piece outfit.
3. Please bring outside mammograms.

Breast MRI

1. Must have recent bilateral mammogram (within last 3 months.)
2. Follow standard MRI instructions/precautions.

Core Biopsy

1. As above for mammography.
2. No blood thinners for one week. (Ex: aspirin, coumadin)
3. Table weight limit is 300 pounds.

Bone Density

1. No intestinal contrast studies seven days prior to exam.
(Ex: BE, GI, SB, CT or nuclear medicine studies)
2. No calcium tablets 3 days prior.
3. Wear two piece outfit without zippers or metal.
4. Table weight limit is 300 pounds.