

Patient Name _____ DOB ____ / ____ / ____

Appt ____ / ____ / ____ Time _____ Physician Name _____

ICD10 / Clinical info _____

Physician Signature _____

Requires Original Physician's Signature

Breast Imaging

- Screening Mammogram w/ CAD
(to include additional views & ultrasound as needed)
- 3D Breast Tomosynthesis
(to include ultrasound, aspiration or biopsy as needed*)
 Rt. Lt. Bilat.
- Diagnostic Mammogram w/ CAD
(to include ultrasound, aspiration or biopsy as needed*)
 Rt. Lt. Bilat.
- CEMM (Contrast Enhanced Spectral Mammography)
- Breast Ultrasound
 Rt. Lt. Bilat.
- Breast MRI (Performed at Greenville MRI)
- DEXA Bone Density
- Other _____

Procedures

- Biopsy or Aspiration* FNA*
- Wire Localization Ductogram
- Other _____

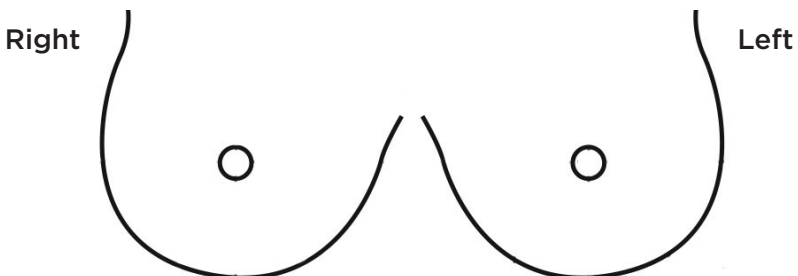
* To include post-biopsy mammogram as needed

Women's Ultrasound

- Abdomen Complete (Liver, GB, Pancreas, Kidneys)
- Abdomen Limited (RUQ-GB, Liver, Pancreas)
- Pelvis (Uterus, Ovaries) Transvaginal / Transabdominal
- Aorta
- Carotid Doppler
- Renal (Kidneys, Bladder)
- Obstetrical
- Renal Transplant
- Renal Doppler
- Extremity (Popliteal Cyst)
- Venus Doppler (Designate)
- Lower Ext. Rt. Lt. Bilat.
- Upper Ext. Rt. Lt. Bilat.
- Soft Tissue (Other than head or Neck)

(Specify Area) _____

- Thyroid
- Other _____



Please Indicate Areas of Concern: O'Clock Position for Palpable Lump _____

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.

