

## ORDER FORM

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- |   |   |           |       |
|---|---|-----------|-------|
| <input type="checkbox"/> Annual                 |   |           |       |
| <input type="checkbox"/> Palpable _____ o'clock | <input type="checkbox"/> Pain                         | bilateral | RT LT |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Lump(s)                      | bilateral | RT LT |
|   | <input type="checkbox"/> Discharge                    | bilateral | RT LT |
|   | <input type="checkbox"/> Recall (from abnormal mammo) | bilateral | RT LT |
|   | <input type="checkbox"/> Follow Up 3mo 6mo            | bilateral | RT LT |

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

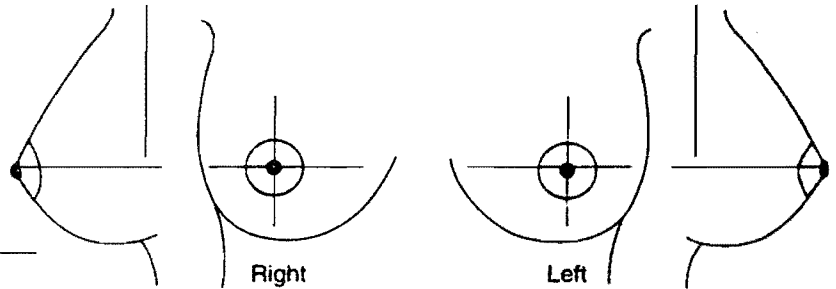
A valid diagnosis and physician signature is required before an exam can be performed. No "rule out", "possible" or "routine".

EXAM(S) REQUESTED: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

- |  |           |    |    |
|--|-----------|----|----|
| <input type="checkbox"/> Screening Mammogram                                 | Bilateral | RT | LT |
| <input type="checkbox"/> Diagnostic Mammogram w/ <i>Ultrasound if needed</i> | Bilateral | RT | LT |
| <input type="checkbox"/> Ultrasound w/ <i>Diagnostic if needed</i>           | Bilateral | RT | LT |
| <input type="checkbox"/> Stereotactic Biopsy                                 | Bilateral | RT | LT |
| <input type="checkbox"/> Ultrasound Guided Biopsy/Cyst Aspiration            | Bilateral | RT | LT |
| <input type="checkbox"/> Outside Consultation                                |           |    |    |
| <input type="checkbox"/> Breast MRI  |           |    |    |
| <input type="checkbox"/> Bone Density  |           |    |    |

Diagnosis: \_\_\_\_\_

\*Please mark area of concern on diagram.



Physician Name - Printed: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Must have signature to be valid.

- APPOINTMENT INSTRUCTIONS:**
1. Do not wear any lotion, deodorant or powder on breast or underarm area.
  2. Wear a two piece outfit or removable upper garment.
  3. Arrive 15 minutes early to complete paperwork.
  4. Bring any outside films you may have prior to your visit today.
  5. Procedure times are approximately 15-45 minutes depending on exam.
- DATE: \_\_\_\_\_
- TIME: \_\_\_\_\_