WOMEN'S SERVICES SCHEDULING

Radiology Ltd.
Diagnostic Imaging Services
Centralized Scheduling Tel:(520) 733-7226
Toll Free Tel: 1-866-565-2220
Toll Free Fax: 1-866-707-0750

Appt. Time: _____
Date: _____
Check-in Time: _____

To schedule an appointment, please call (520) 733-7226 or fax to (520) 290-8377.

PHYSICIAN'S NAME: _____ PHONE #: (_____) _____ FAX #: (_____) _____

If physician practices at multiple locations, please include address for these results to be sent: _____

PATIENT: (First Name) _____ (Last Name) _____ (Middle Initial) _____

DOB: _____ HOME PHONE: (_____) _____ WORK PHONE: (_____) _____ BEST TIME TO CONTACT: _____ AM PM

PATIENT INSURANCE: _____ POLICY/GROUP #: _____ INS. PHONE: (_____) _____

PRIOR AUTHORIZATION # (if needed): _____

MAMMOGRAPHY

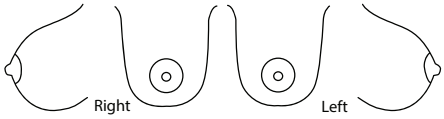
Please check appropriate box(es):

- ❑ Screening Digital Mammography w/3D Tomosynthesis w/CAD* *(& Breast Ultrasound with Cyst Aspiration if clinically indicated)*

The following exams are done at Wilmot & La Cholla only:

- ❑ Diagnostic Digital Mammography w/3D Tomosynthesis w/CAD* *(& Breast Ultrasound with Cyst Aspiration if clinically indicated)*
  - ❑ Breast Pain
  - ❑ Nipple Discharge / Inversion / Retraction or Thickening
  - ❑ Contusion to the Breast
  - ❑ Gynecomastia / Enlargement
  - ❑ 6 Months F/U ❑ RT ❑ LT
  - ❑ Breast Mass
  - ❑ Other: _____
- ❑ Breast Ultrasound

Please indicate area of concern:



Date of last Mammogram: _____
Location of last Mammogram: _____
History / Indications: _____
_____

PATIENT INSTRUCTIONS: Please bring this prescription to your appointment. **Avoid** wearing deodorant, lotion, powder, or perfume. If you develop a problem before your appointment, you must contact your doctor and get a diagnostic order. Please call us to change your appointment to a diagnostic mammogram and bring the new order with you to your appointment.

**Radiology Ltd. recommends that screening mammograms be scheduled at least 366 days (1 year + 1 day) from date of last mammogram.*

DEXA

Please check appropriate box:

- ❑ DEXA
- ❑ DEXA w/Vertebral Fracture Assessement
- ❑ Vertebral Fracture Assessement Only
- ❑ Whole Body - Body Composition Assessment*

Please check appropriate clinical indications:

- ❑ Post Menopause
- ❑ Early Surgical Menopause
- ❑ Long-Term Current Use of Other Medication
- ❑ Long-Term Current Use of Steroid Treatment
- ❑ Vertebral Abnormalities
- ❑ Follow-up Treatment for Prevention / Monitoring of Osteoporosis

**This exam may not be covered by most insurance plans.*

Date of last DEXA: _____
Location of last DEXA: _____
History / Indications: _____
_____

PATIENT INSTRUCTIONS: Please bring this prescription to your appointment. **Avoid** taking vitamins, minerals, and calcium supplements on the day of your Bone Densitometry (DEXA) exam.

Notes: _____

_____

Referring Physician's Signature: _____ **Date:** _____