

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:

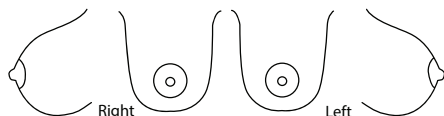
- Diagnostic Digital Mammography w/3D Tomosynthesis w/CAD* (& Breast Ultrasound with Cyst Aspiration if clinically indicated)
 - Breast Pain
 - Nipple Discharge / Inversion / Retraction or Thickening
 - Contusion to the Breast
 - Gynecomastia / Enlargement
 - 6 Months F/U RT LT
 - Breast Mass
 - Other: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

Date of last Mammogram: _____

Location of last Mammogram: _____

History / Indications: _____

Please indicate area of concern:



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 Assessment
- Vertebral Fracture Assessment Only
- Whole Body - Body Composition Assessment*

Date of last DEXA: _____

Location of last DEXA: _____

History / Indications: _____

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

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.

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

Notes: _____

Referring Physician's Signature: _____ Date: _____

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WOMEN'S SERVICES LOCATIONS



Radiology Ltd.
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If you are unable to keep your appointment, please call Centralized Scheduling at (520) 733-7226 to reschedule your appointment. Cancellations made less than 24-hours prior to appointment time may be subject to a no-show fee.

Radiology Ltd. Wilmot Center for Women's Imaging

677 N. Wilmot Rd.
Tucson, AZ 85711

Radiology Ltd. La Cholla Center for Women's Imaging

5960 N. La Cholla Blvd.
Tucson, AZ 85741

Radiology Ltd. Midvale Imaging Center

1598 A West Commerce Court
Tucson, AZ 85746

Radiology Ltd. Rancho Vistoso Diagnostic Imaging

2551 E. Vistoso
Commerce Loop Rd.
Oro Valley, AZ 85755

Radiology Ltd. - Rincon Imaging Center

10350 E. Drexel Road
Tucson, AZ 85747

Radiology Ltd. - Green Valley Casa Verde

400 W. Camino Casa Verde,
Green Valley, AZ 85614

Radiology Ltd. St. Mary's Medical Plaza

395 N. Silverbell Road, #185,
Tucson, AZ 85745