

BREAST / BONE DENSITY IMAGING ORDER

NAME: (Last, First) _____

DOB: _____ APPT. DATE: _____ APPT. TIME: _____

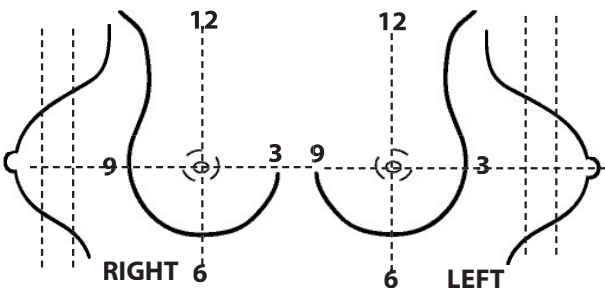
DAYTIME PHONE: _____ CELL PHONE: _____

SCREENING MAMMOGRAPHY (Asymptomatic)
 Bilateral Right Left Implants
To include diagnostic views and / or breast ultrasound as needed based on mammographic findings.

DIAGNOSTIC MAMMOGRAPHY (Symptomatic)
 Bilateral Right Left
 (perform breast Us if medically necessary)

BREAST ULTRASOUND (Symptomatic)
 Bilateral Right Left
 (perform diagnostic mammogram if medically necessary)

PLEASE MARK AREA OF CONCERN:
● PAIN * LUMP



History

- Asymptomatic Implants
- Lump or mass in Breast
- Abnormal mammogram follow-up
- Focal breast pain
- 6-month follow-up
- Skin / nipple changes / discharge
- Changes in size / shape of breast / retraction
- Personal history of breast cancer
- Other:

ULTRASOUND-GUIDED, CORE NEEDLE BREAST BIOPSY
To include abnormal lymph nodes and additional lesions if indicated. To include post biopsy mammogram for clip placement.

BREAST CYST ASPIRATION

BONE DENSITOMETRY
 History _____
 Menopause: Age at onset _____
 Premature menopause (<45 years old)
 Osteopenia
 Osteoporosis
 Pathologic compression fx
 Long term use of steroids (6 mos. or more)
 Recent fracture: Location _____
 Other: _____

DEXA FOR BODY COMPOSITION

PHYSICIANS COMMENTS / INDICATIONS:

Copy To: _____

Procedure Instructions:

Mammogram:

For your comfort, please wear **two-piece** clothing. Do not wear powder, lotion / oils or deodorant on the breast or under-arm area. This interferes with the quality of your images.

Bone Densitometry:

Wear loose, comfortable clothing with no metal snaps or zippers

Patient Preparation Instructions for Exams:

Children are not to be allowed in the exam room.

Please be sure to bring previous mamogram images / reports / facility name from other healthcare facilities. We need them for comparison.

PHYSICIANS NAME (PRINT): _____ PHONE: _____ FAX: _____

PHYSICIANS SIGNATURE: _____ DATE / TIME: _____

IMAGE SCHEDULING CALL 319-545-7300 FAX 1-800-714-5201

PATIENT INSTRUCTIONS

On the day of your scheduled appointment you will be required to provide a current photo ID and insurance information.

MAMMOGRAPHY INSTRUCTIONS

- If you are scheduled for a Screening Mammogram and a symptom occurs before the scheduled screening appointment, you should contact your physician for a consultation. If your physician determines a Diagnostic Mammogram is required, an order will need to be provided, and you will need to be rescheduled appropriately.
- Approximately 10-15% of screening mammograms require additional imaging evaluation.
- If you are scheduled for a Diagnostic Breast Evaluation, a radiologist specialized in breast imaging will be overseeing your evaluation. At the time of your visit, the radiologist will ensure the completeness of the evaluation, and if appropriate will explain any further recommendations. Please consult your referring or primary care physician on your continuation of care. Please plan on the appointment being approximately 1 to 1-1/2 hours in duration.
- It is essential that breast imaging procedures are compared to previous breast images. If your previous mammogram or other breast imaging was performed at another facility:
 - o Please contact the previous facility and arrange for the imaging to be forwarded to us:

Corridor Radiology
2769 Heartland Drive
Suite 105
Coralville, IA 52241

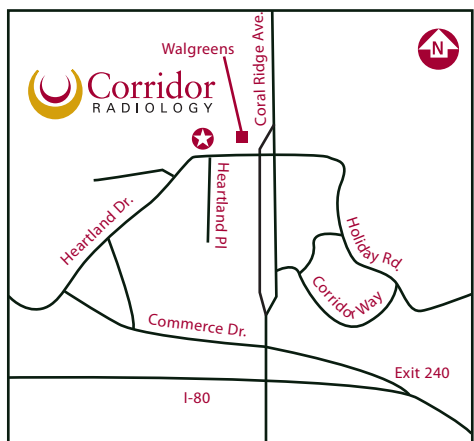
- o You may also provide your previous images at the time of your appointment.
- o Failure to have previous imaging available may preclude your breast imaging to be performed on the scheduled day and need to be rescheduled.
- o Failure to obtain previous imaging may delay the report until previous images are obtained.

BONE DENSITOMETRY

- We recommend that you wear a two-piece outfit.

319-545-7300
1-800-714-5201 (FAX)

Hours: Monday - Friday 7:30am-6:00pm
Closed weekends and holidays.



Please bring prior related imaging studies.