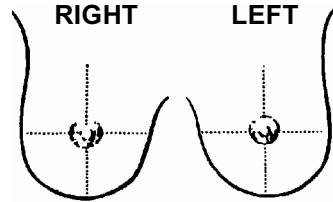


Patient _____ Date of Exam ____ / ____ / ____ Time _____
 Referring MD _____ Signature _____
 (office)

BREAST EVALUATION

- Diagnostic mammogram**
(with ultrasound, aspiration, core biopsy and/or consultation prn)
 - Palpable lump →
 - Thickening / induration →
 - Pain / tenderness →
 - Nipple discharge R L
 - Nipple inversion R L
 - Prior breast cancer R L year: _____
 - Follow-up imaging abnormality
 - Breast augmentation
- Screening mammogram**
(if none of the above applies) - Upgrade to Diagnostic if indicated
- Breast ultrasound**
- US-guided core biopsy**
- Stereotactic core biopsy**
- Fine-needle aspiration**
- Ductogram** (galactogram)
- Breast-Specific Gamma Imaging** (BSGI, molecular imaging)



Patient Instructions:

- Check with insurance carrier to see if authorization is needed
- Do not use perfume, deodorant, or powder on your underarms or breasts on the day of exam
- Wear 2 piece clothing
- Bring previous mammograms with you or arrange to have them sent to us

Notes: _____

DXA BONE DENSITOMETRY

Indications / Risk factors *(check all that apply)*

- Baseline
- Estrogen deficiency
- Menopause before age 40
- Loss of height > 2 inches
- Non-traumatic fracture of hip, wrist, or spine (circle site)
- Steroid therapy > 3 months
- Hyperparathyroidism
- Anorexia / GI malabsorption / Sprue
- Family history of osteoporosis
- Documented Osteoporosis
- Documented Osteopenia
- Monitoring response to therapy with _____

Patient Instructions:

- No X-ray tests that use oral or rectal contrast material within 1 week prior to exam (e.g. Upper GI, Barium enema, CT scan)
- No calcium supplements for 24 hours prior to exam
- If possible, wear clothing with an elastic waistband (avoid zippers and buttons)

Other: _____

ULTRASOUND

(with consultation, if indicated)

Reason for Exam _____

If report is needed ASAP, please provide

Telephone or Fax (____) _____ - _____

- Genetic screening** - see below
- Early pregnancy** (< 12 wks from LMP) - transvaginal

Pregnancy → → → → → Drink 8 oz (any fluid) 30 minutes before appt

Pelvis → → → → → → → Drink 20-24 oz (any fluid); complete this 30 minutes before appt

Kidneys / Bladder →

Abdomen → Take nothing by mouth (except water and medications) for 8 hours before exam

- Sonohysterography**
- Scrotum**
- Thyroid** **Thyroid needle biopsy**

Other: _____

GENETIC SCREENING

- SequentialScreen** - 1st and 2nd trimesters
 - Include Cystic Fibrosis screen

11-13.9 weeks (nuchal translucency and fingerstick)

AND

18-20 weeks (obstetrical ultrasound and bloodwork)

Drink 8 oz (any fluid) 30 min before appt

- FirstScreen** - 1st trimester only
 - Include Cystic Fibrosis screen

11-13.9 weeks (nuchal translucency and fingerstick)

Drink 8 oz (any fluid) 30 min before appt