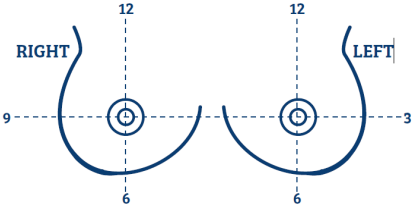


Patient's name: _____ DOB: _____

Mobile #: _____ Alternate #: _____

Appt. date: _____ Arrival time: _____ am / pm Appt. Time: _____ am / pm

MAMMOGRAM	MRI
<input type="radio"/> Screening Mammogram (Routine ONLY- No symptoms) <input type="radio"/> Diagnostic Mammogram (breast US as indicated) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="radio"/> Breast Biopsy - image guided with post clip <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	<input type="radio"/> MRI Breast Bilateral with and without contrast
DEXA	
<input type="radio"/> DEXA	
OTHER	
<input type="radio"/> Other Procedure: _____	
ULTRASOUND	
<input type="radio"/> Breast Ultrasound <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	
 <p>Please indicate location on the diagram above.</p>	

Insurance (Fax front and back of patient's card and any clinical information to 803.936.9202)
Auth # (if referring obtaining): _____

ICD-10 Code(s): _____

Clinical Indications/Signs/Symptoms (required): _____

Referring Physician's Signature: _____

Referring Physician (printed): _____

Office #: _____ Date: _____

PATIENT INSTRUCTIONS

BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

- Please wear a two-piece outfit
- Do not wear powders, perfumes or deodorants around the breast area
- If this is your first Breast MRI with Women's Care, please bring all prior breast imaging (mammograms, ultrasounds, etc) from the last five years.



Palmetto Imaging

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Palmetto-Imaging.com



Visit us online at www.palmetto-imaging.com for driving directions and to learn more about our imaging facilities and services.