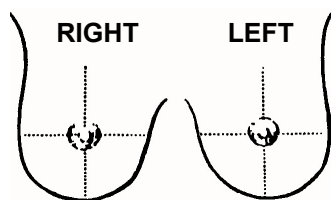


Patient _____ DOB ____ / ____ / ____ Exam Date ____ / ____ / ____ Time _____

Referring MD _____ Signature _____
(office)

BREAST EVALUATION

- ☐ **Diagnostic mammogram**
(with ultrasound, elastography*, aspiration, biopsy, consultation prn)
 - ☐ Palpable lump →
 - ☐ Thickening / induration →
 - ☐ Pain / tenderness →
 - ☐ Nipple discharge R L
 - ☐ Nipple changes R L
 - ☐ Prior breast cancer R L
 - ☐ Follow-up imaging abnormality
- ☐ **Screening mammogram**
(may upgrade to Diagnostic; do extra views, ultrasound, elastography*, aspiration, biopsy prn)
- ☐ **Breast ultrasound** (with mammo, elastography*, aspiration, biopsy prn)
- ☐ **US core biopsy**
- ☐ **Stereotactic core biopsy**
- ☐ **Fine-needle aspiration**



Patient Instructions:

- Do not use perfume, deodorant, lotion, 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

Other: _____

Notes: _____

* Elastography improves US evaluation of masses by measuring stiffness

DXA BONE DENSITOMETRY

Indications / Risk factors (check all that apply)

- ☐ Baseline
- ☐ Estrogen deficiency
- ☐ Menopause before age 40
- ☐ Non-traumatic fracture of hip, wrist, or spine (circle site)
- ☐ Steroid therapy > 3 months
- ☐ Hyperparathyroidism
- ☐ Anorexia / GI malabsorption / Sprue
- ☐ 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, Tums, or multivitamins for 24 hours prior to exam
- If possible, wear clothing with an elastic waistband (avoid zippers, snaps, and metal 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** → → → →
(> 12 wks from LMP) Drink 8 oz (any fluid) 30 minutes before appt

☐ **Pelvis** → → → → → →
(transvaginal if needed) Drink 16-20 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 wk 6 days (nuchal translucency and bloodwork)

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 wk 6 days (nuchal translucency and bloodwork)

Drink 8 oz (any fluid) 30 min before appt