



Advanced Imaging Centers

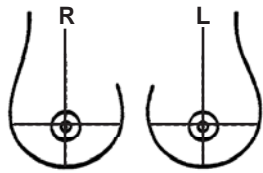
Tealbrooke Professional Center
2300 SE 17th Street
Ocala, Florida 34471

Medical Park West
8150 SW SR 200
Ocala, Florida 34481

Mammogram / Dexa
Exam Request
To Schedule:
Ph: 867-9606, option 2
Toll-free Fax: 844-212-9295

Patient's Name: _____ Phone: _____ Male Female
SSN: _____ Auth #: _____ Date of Birth: _____
ICD-10 Diagnosis: _____ Appointment Date/Time: _____
ICD-10 Code: _____

Patient Instructions & Directions on reverse side.



TYPE OF MAMMOGRAM DESIRED:

- Screening Mammogram**
special views and/or Ultrasound if needed
for abnormal mammogram
Bilateral - Unilateral R or L (Circle)
For purposes of early detection of breast cancer for a
patient who has no symptoms, signs or history of
breast cancer or recent in the past 2 years - Bilateral breast
- Diagnostic Mammogram - Bilateral**
special views and/or Ultrasound if needed
to diagnose a patient's specific illness, complaint
or history of breast cancer, select a reason below
for requesting a diagnostic mammogram
- Diagnostic Mammogram - Unilateral R or L (Circle)**
special views and/or Ultrasound if needed

MRI

- Breast MRI

ULTRASOUND

- Breast R or L (Circle)
- U/S Guided Biopsy R or L (Circle)
- U/S or Mammo guided wire localization R or L (Circle)
- Cyst Aspiration R or L (Circle)
- Other: _____

DEXA (BONE MINERAL DENSITY)

- Axial Skeletal Extremity (Forearm)

Special requirements for DEXA:

1. No Barium, Nuclear Medicine or I.V. Contrast exams
within 7 days prior to examination.

Please FAX a signed copy of this form to Centralized Scheduling at 844-212-9295

Phone Number: _____ Fax Number: _____

Signature of Referring Physician: _____ Printed Name: _____

Copies to other MD's: _____ Date: _____

STAT (please check and include mobile number): _____



PREPARATION INSTRUCTIONS FOR THE PATIENT

Please follow these instructions unless your physician has indicated otherwise.

MAMMOGRAM

1. Do not wear any powder perfume, lotion or deodorant under the arms or near the breast area.
2. Please bring previous films with you to the exam. If not available, please give facility name and phone number.

