



Advanced Imaging Centers

Tealbrooke Professional Centre
2300 SE 17th Street, Building 800 (MRI in Bldg. 300)
Ocala, Florida 34471

Mammogram / DEXA
Exam Request
To Schedule:
Ph: 352-867-9606
Toll-free Fax: 844-212-9295
Tax ID: 900610573 / NPI: 1023318060

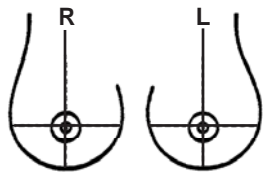
STAT (Please include backline and/or mobile number): _____

Patient's Name: _____ Phone: _____

Date of Birth: _____ Authorization #: _____

Diagnosis: _____ ICD 10 Code: _____

Patient Instructions & Directions on Reverse Side.



3D MAMMOGRAPHY TOMOSYNTHESIS SYSTEM

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 breast cancer in the past 3 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 within the past 3 years.

Diagnostic Mammogram - Unilateral R or L (Circle) special views and/or Ultrasound if needed

STEREOTACTIC BREAST BIOPSY

Stereotactic Breast Biopsy

BREAST MRI

Breast MRI (MRI located in Bldg. 300, Suite 302)

BREAST ULTRASOUND

Axillary Lymph Node R or L (Circle)

Breast R or L (Circle)

Cyst Aspiration R or L (Circle)

U/S Guided Biopsy R or L (Circle)

U/S or Mammo guided wire localization 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.

***Medicare no longer pays for SCREENING DEXA exams.**

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 include backline and/or 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.

DEXA

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

BIOPSIES / ASPIRATIONS / WIRE LOCALIZATIONS

1. Stop all blood thinners 5 days prior to your appointment. This includes ALL prescription blood thinners, as well as over-the-counter blood thinners such as: Aspirin, Aleve, Ibuprofen, Advil, Naproxen, etc.
2. Need previous breast studies (mammograms, ultrasounds) for comparison.

