

The Women's Center at NDC

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*Excellence, Innovation
 and Compassionate Care*

SPECIALIZING IN:

- 3T & 1.5T MRI
- 64-Slice PET/CT
- 64-Slice CT
- SPECT/CT
- Nuclear Cardiology
- CyberKnife
- Women's Imaging
- X-Ray
- Cardiology

Patient: _____ DOB: _____

Referring Physician (Print): _____ Phone: _____

Previous Mammogram: Yes No Date: _____ Facility: _____

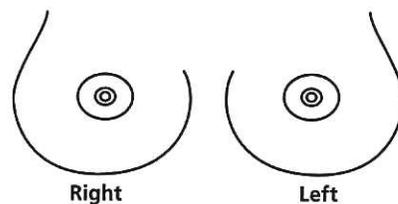
3D Tomosynthesis Mammography:

- Bilateral Screening With Implants
- Diagnostic Study With Implants Bilateral Left Right

Please note any symptom and area of concern:

- Lump or Mass Focal Thickening Patient History
- Skin Changes Focal Breast Pain Family History
- Nipple Discharge Nipple Retraction Other: _____

Symptoms: _____



If additional imaging or percutaneous biopsy is required, please proceed with these exams while keeping me informed of all recommendations and results.

Ultrasound:

- Breast OB – 1st Trimester Thyroid
- Bilateral OB – 2nd Trimester Abdomen
- Left OB – 3rd Trimester Pelvis w/ Transvaginal (as indicated)
- Right OB 3D Hysterosonogram

Breast MRI: _____

- Breast Cancer Evaluation Implant Integrity Evaluation

Bone Density:

- DEXA

Procedures: (Please use diagram above to note abnormality and location)

- Ultrasound Guided Aspiration / Drainage Bilateral Left Right
- Ultrasound Guided Breast Biopsy Bilateral Left Right
- Stereotactic Guided Breast Biopsy Bilateral Left Right
- MRI Guided Breast Biopsy Bilateral Left Right
- Wire Localization using: MRI Mammo Ultrasound Bilateral Left Right
- Other: _____

Physician Signature (Required): _____ Date: _____