Women's Imaging CENTER of RADIOLOGY ASSOCIATES

Patient's Name _____ D.O.B._____

Appointment Date _____ Time _____

Physician's Signature

_____

**Radiology Associates of Tallahassee**
1600 Phillips Road
Tallahassee, Florida 32308

**Women's Imaging Center**
(850) 878-6104
**Fax :** (850) 309-0650
***(Bring this form to your appointment)***

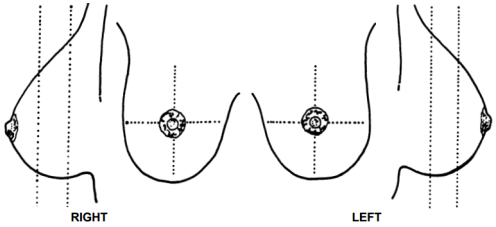
**Please Arrive 20 Minutes Prior to Your Appointment**

The following examination has been ordered:

❑ **Screening Mammogram** (With Ultrasound and/or Diagnostic Mammogram and/or Tomosynthesis at Radiologist's discretion)
- ❑ **Tomosynthesis** (With Screening)

❑ **Diagnostic Mammogram** (Patient or physician feels a lump, follow up of a mammographic abnormality, focal persistent pain, family or personal history of breast cancer, new nipple inversion or discharge, or current mastitis - with Ultrasound and/or Tomosynthesis at Radiologist's discretion)
- ❑ **Tomosynthesis** (With Diagnostic)

❑ **Breast Ultrasound** ❑ **R** ❑ **L**




**Please mark the location of palpable lumps**

If Diagnostic, Please List Relevant History:

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_____

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❑ **DEXA**

**DEXA Indications**

❑ Hyperparathyroidism (252.0)

❑ Vertebral abnormalities demonstrated by x-ray to be indicative of osteopenia or osteoporosis (733.02)

❑ Estrogen-deficiency and is at clinical risk for osteoporosis based on medical hx/other findings:
- ❑ Postablative ovarian failure (atroigenic, post-irradiation, post-surgical) (256.2)
- ❑ Other ovarian failure (premature, menopause, primary ovarian failure) (256.3)

❑ Osteopenia (733.90)

❑ Disorder of bone or cartilage, unspecified (733.90)

❑ Osteoporosis, senile (postmenopausal) (733.01)

❑ Osteoporosis, idiopathic (733.02)

❑ Osteoporosis, unspecified (733.00)

❑ Menopausal, menopausal symptoms of female climactic states (627.2)

❑ On adrenal or cortical steroids (E932.0)

❑ Fracture of vertebral column w/o mention of spinal cord injury (805 00-805 9)

Location of fracture: _____

(Please Circle) - Fosomax Calcimar Miacalcin Actonel Evista Other _____

Dosage _____ Duration _____

Note: Medicare will pay for a DEXA Scan once every 2 years with one of the diagnoses listed above. Medicare may pay for a DEXA Scan for a patient more frequently, however, medical necessity requirements must be met by the ordering practitioner providing such documentation for review.

❑ Other diagnosis: _____

(This diagnosis is not covered by Medicare and will most likely be the patient's financial responsibility)

**For your comfort, we suggest you schedule your appointment after your menstrual cycle, if possible.**

If your appointment is at an inappropriate time,
we will be happy to reschedule.
*(850) 878 - 6104*

## Preparation Instructions

1. Do not use deodorants, body powders, perfumes, or body lotions
2. For your convenience and comfort, please wear a two-piece outfit
3. If you have had a previous mammogram at another institution, please attempt to obtain the previous images before your appointment. These images are used for comparison. If your previous mammograms were done out-of-town, please have them mailed to our address *(1600 Phillips Road, Tallahassee, FL 32308)*. We will assume responsibility of returning the images.