BayRadiology
Women's Imaging Center

330 West 23rd Street • Panama City, FL 32405 • (850) 763-2451 • Fax (850) 215-0408 • SEE BACK

PATIENT MUST BRING THIS ORDER FOR TEST

Patient's Name________________________ DATE OF BIRTH______________ TODAY'S DATE______________

ICD CODES______________ DIAGNOSIS OR REASON FOR EXAM________________________________

ORDERING PHYSICIAN______________________ PHYSICIAN SIGNATURE________________________

◯ STAT REPORT REQUESTED CALL REPORT TO________________________________

DIGITAL MAMMOGRAPHY WITH CAD

☐ Screening Mammogram: Asymptomatic, with Ultrasound; Diagnostic Mammogram; and/or Tomosynthesis at Radiologist's discretion

☐ Diagnostic Mammogram: Symptomatic, follow up of mammographic abnormality, family, or personal history of breast cancer, with Ultrasound; and/or Tomosynthesis at Radiologist's discretion

If diagnostic, please list relevant history____

BREAST MRI

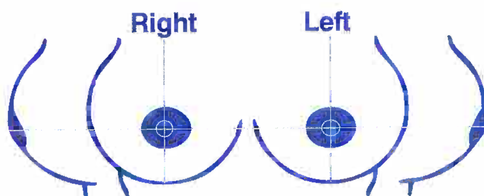
☐ Bilateral with 3D Imaging

BREAST ULTRASOUND

Right Left Bilateral (please circle)

BREAST BIOPSY

☐ MRI Guided	Right	Left	(please circle)
☐ Stereotactic Guided	Right	Left	(please circle)
☐ Ultrasound Guided	Right	Left	(please circle)



Please mark the location of the lump/pain

ULTRASOUND

☐ Abdomen (with Doppler)
☐ Aorta (with Doppler)
☐ Carotid Arteries
☐ Pelvis (Transabdominal and Transvaginal with Doppler)
☐ Renal
☐ Scrotum (with Doppler)
☐ Thyroid
☐ Venous Doppler—DVT

☐ Lower Extermity	Right	Left	Bilateral
☐ Upper Extermity	Right	Left	Bilateral

☐ Other ________________________________

☐ **BONE DENSITY**

X-RAY

☐ Abdomen	KUB	Multiview	
☐ Ankle	Right	Left	Bilateral
☐ Bone Age			
☐ Chest	2 View	1 View	
☐ Foot	Right	Left	Bilateral
☐ Forearm	Right	Left	Bilateral
☐ Hand	Right	Left	Bilateral
☐ Hip	Right	Left	Bilateral
☐ Knee	Right	Left	Bilateral
☐ Ribs	Right	Left	Bilateral
☐ Shoulder	Right	Left	Bilateral
☐ Spine	Cervical	Thoracic	Lumbar
☐ Sinus	1 View	Complete	
☐ Wrist	Right	Left	Bilateral
☐ Other ______________			