



BAY RADIOLOGY

WOMEN'S IMAGING CENTER

ESTABLISHED 1958

330 West 23rd Street • Panama City, FL 32405 • (850) 747-4900 • Fax (850) 215-0408

PATIENT MUST BRING THIS ORDER FOR TEST

Patient's Name: _____ DOB: _____ 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; ABUS; and/or Tomosynthesis at Radiologist's discretion.

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

☐ Contrast Enhanced Mammography with Tomosynthesis and Ultrasound at Radiologist discretion.

BREAST MRI

☐ Bilateral with 3D Imaging

BREAST ULTRASOUND

Right Left Bilateral (please circle)

☐ ABUS

BREAST BIOPSY

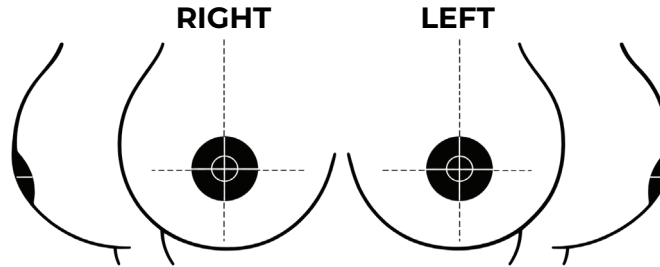
☐ MRI Guided Right Left (please circle)

☐ Stereotactic Guided Right Left (please circle)

☐ Ultrasound Guided Right Left (please circle)

☐ Biopsy as directed by Radiologist

☐ Contrast Enhanced Mammography - guided biopsy



ULTRASOUND

☐ Abdomen (with Doppler)

☐ Aorta (with Doppler)

☐ Carotid Arteries

☐ Pelvis (Transabdominal and Transvaginal with Doppler)

☐ Renal

☐ Scrotum (with Doppler)

☐ Thyroid

☐ Venous Doppler-DVT

☐ Lower Extremity Right Left Bilateral

☐ Upper Extremity Right Left Bilateral

☐ Other _____

X-RAY

☐ Bone Density

☐ Abdomen

☐ Ankle

☐ Bone Age

☐ Chest

☐ Foot

☐ Forearm

☐ Hand

☐ Hip

☐ Knee

☐ Ribs

☐ Shoulder

☐ Spine

☐ Sinus

☐ Wrist

☐ Other _____

KUB Multiview
Right Left Bilateral

2 View 1 View

Right Left Bilateral

Right Left Bilateral

Right Left Bilateral

Right Left Bilateral

Right Left Bilateral

Right Left Bilateral

Right Left Bilateral

Cervical Thoracic Lumbar

1 View Complete

Right Left Bilateral