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

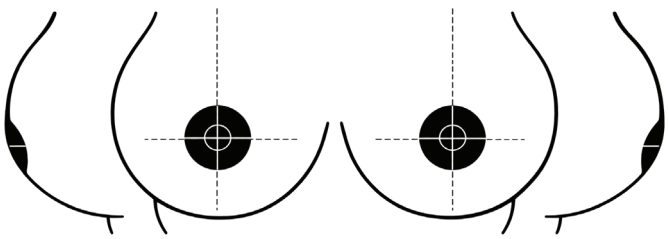
Right Left Bilateral (please circle)

☐ 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

RIGHT LEFT



ULTRASOUND

☐ Abdomen (with Doppler)
☐ Aorta (with Doppler)
☐ Carotid Arteries
☐ Pelvis (Transabdominal and Transvaginal with Doppler)
☐ Renal
  ☐ Post-void Residual
  ☐ Arterial Doppler
☐ Scrotum (with Doppler)
☐ Thyroid
☐ Venous Doppler-DVT
  ☐ Lower Extremity Right Left Bilateral
  ☐ Upper Extremity Right Left Bilateral
☐ Other _____

X-RAY

☐ Bone Density
☐ 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 _____