



LAWRENCE COUNTY MRI & Diagnostic Imaging Center

AN AFFILIATE OF LUCIEN Diagnostic Imaging

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WOMEN'S IMAGING SERVICES ORDER FORM

Patient Name _____

Clinical History _____

Date of Birth _____

Reason for Exam _____

Appointment Date/Time _____

Referring Physician Signature _____

For your convenience, please read the following instructions for the Women's Imaging Services Center:

- If you have had any mammograms within the last two years, please make arrangements to hand carry or have the films sent to our facility **PRIOR** to your appointment. **If you do not have your previous films, your appointment may be rescheduled.**
- Please arrive 15 minutes prior to your procedure for general registration.

MAMMOGRAPHY

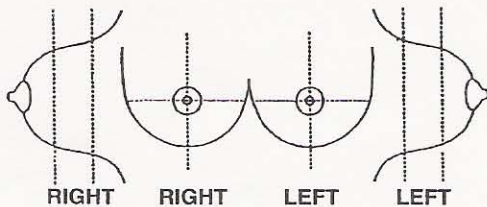
____ Screening Mammography **Prep 1**
(with diagnostic mammo and ultrasound if indicated)

____ Diagnostic Mammography **Prep 1**
____ Bilateral ____ Right breast ____ Left breast

Indication:

- ____ Palpable mass ____ Discharge ____ Focal breast pain
____ Follow-up ____ Abnormal mammo
____ Other (specify): _____

PLEASE MARK AREA OF CONCERN



Comments: _____

451-101-0303ID

ULTRASOUND

Breast **Prep 2**
____ Bilateral ____ Right breast ____ Left breast

Pregnancy

____ 1st trimester(With transvaginal, if indicated) **Prep 3**
 ____ 2nd & 3rd trimester - complete **Prep 6**
 ____ Multiple Gestations **Prep 6**
 ____ Limited **Prep 6**
 ____ AFI
 ____ Presentation
 ____ EFW (Estimated Fetal Weight)
 ____ Fetal Growth
 ____ Follow up Abnormal

____ Fetal biophysical profile **Prep 6**

Pelvic

____ Complete (With transvaginal, if indicated) **Prep 3**
 ____ Limited (Transvaginal only) **Prep 2**
 ____ Follow up cyst/mass
 ____ Endometrial lining

Infertility

____ Initial follicle study **Prep 3**
 (Transabdominal & Transvaginal)
 ____ Follow-up follicle study **Prep 2**
 (Transvaginal Only)

BONE DENSITY

____ DEXA Scan **Prep 4**