

Patient Name: _____ DOB: _____
Last First
 Phone: _____ Appt Date: _____ Appt Time: _____
 Special Instructions for Delivery or Patient HC of Report, CD, or Film: _____

If this is a **STAT**
 please clearly mark box:

CHIEF COMPLAINT / WORKING DIAGNOSIS / HISTORY:
 SIZE LESS THAN DATES
 SIZE GREATER THAN DATES
 SIZE AND DATES

INSURANCE: _____

PAIN: _____ OTHER: _____

BREAST HEALTH SERVICES LEFT RIGHT IMPLANTS

Z12.31 SCREENING - Annual Mammogram with NO SYMPTOMS

Breast Ultrasound AND Diagnostic Mammogram
 Breast Ultrasound
 Diagnostic Mammogram only
If necessary, a Breast Ultrasound will follow.
 For patients with any breast symptoms (i.e. focal pain, nipple discharge, axillary adenopathy, skin changes, lump, etc.); 6-month follow-up studies, or history of breast conservation surgery for cancer within the last 2 years.

For Patients under 30 years old - Breast Ultrasound only
A Diagnostic Mammogram will follow if necessary.

Ultrasound-guided vacuum assisted biopsy/aspiration

N64.52 Nipple discharge N64.4 Breast Pain/Mastodynia
 N63 Lump in breast
 N64.59 Other signs and symptoms in breast: _____

MARK AREA(S) OF CONCERN WHEN APPROPRIATE

OB/GYN ULTRASOUND SERVICES

OB ULTRASOUND (NT) NUCHAL TRANSLUCENCY - List AFP# _____
 PELVIC - Transabdominal & Transvaginal **State NT Requirements:**
 TWINS *Ultrasound: between 11 weeks/2 days and 14 weeks/2 days*
 OTHER: _____ *Labs (order separately): 10 weeks/0 days and 13 weeks/6 days*

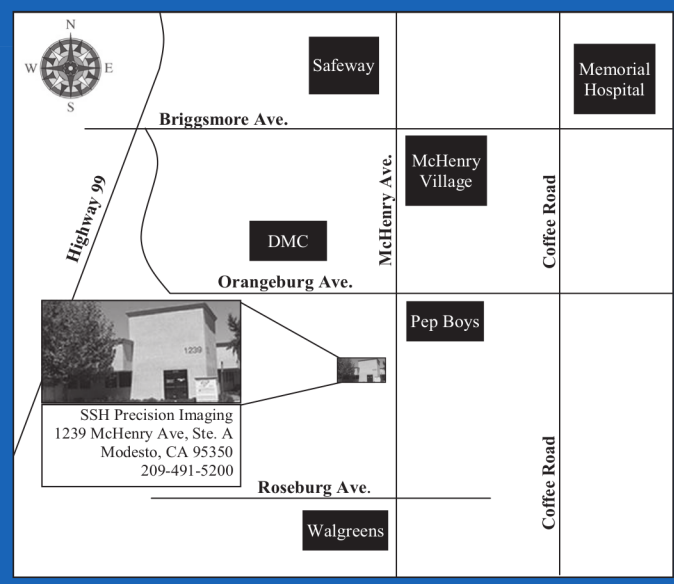
EXAM PREPS

In order to better serve you, we kindly ask that all patients arrive 15 minutes prior to their appointment time, in order to complete registration and to reduce any possible delays. Please call SSH Precision Imaging at 209-491-5200, option 3 if you have questions about the preparations you'll need to follow for your exam.

ULTRASOUND OF PELVIS, OB PREGNANCY, AND KIDNEYS:
 Drink four - 8 ounce glasses of water, one hour prior to your exam. DO NOT EMPTY YOUR BLADDER BEFORE YOUR EXAM. You may eat meals and take medications.

MAMMOGRAPHY: No powders, lotions, perfumes or deodorants on breast or underarm areas after a morning shower on the day of your exam.

MRI: Patients aren't allowed to have MRI exams if they have: PACEMAKERS, DEFIBRILLATORS, NEUROSTIMULATORS, or ANEURYSM CLIPS IN THE HEAD. All sedated patients must remain at SSH Precision Imaging for at least a half hour after their exam and MUST be accompanied by a driver. Patients with a possibility of a metallic foreign body in their eye who are scheduled for an MRI exam must notify Precision Imaging at the time of scheduling, and have an xray of the orbits before an MRI can be performed.



CC REPORT TO: _____

Provider's Name/Signature: _____ Date: _____