



- Desert Breast Center** 1450 S Dobson Rd ♦ Suite A-100 ♦ Mesa, AZ *(Breast Exams Only, No X-ray)*
- Desert Breast Center** 6553 E Baywood Ave ♦ Suite 102 ♦ Mesa, AZ *(Breast Exams Only, No X-ray)*
- EVDI-Chandler** 1076 W Chandler Blvd ♦ Suite 120 ♦ Chandler, AZ
- EVDI-Gilbert** 665 N Gilbert Rd ♦ Suite 154 ♦ Gilbert, AZ
- EVDI-Tempe** 1840 E Warner Rd ♦ Suite 114 ♦ Tempe, AZ
- EVDI-East Mesa** 6424 E Broadway Rd ♦ Suite 101 ♦ Mesa, AZ

Professional Services by Associated Radiologists, Ltd ♦ Diplomates, American Board of Radiology

Date _____ *Please Present This Imaging Order at Time of Exam—See Maps and Preps on Back*

Name _____ (Last) _____ (First) _____ DOB _____

SSN _____ Weight _____ Ph (H) _____ (W) _____

Referrer *(Please Print)* _____ Referrer Contact _____ Contact Ph _____

Send Copies To _____

Scheduling Instructions

- Schedule Appointment ASAP
- Please Call Patient to Schedule Exam
- Please Obtain Auth *Include Patient PHI, H & P and Insurance Card*
- Ins. Preauth. #: _____

Appointment Details

Appt Date: _____

Appt Time: _____

Arrival Time: _____

Report/Image Instructions

- Fax Report to () _____
- Call STAT to () _____
- Films CD with Patient
- Films CD with Report to Location _____

SEE OTHER SIDE FOR SPECIAL INSTRUCTIONS AND CENTER DIRECTIONS

Mammography

- Digital Screening Mammogram with CAD**
 - 3D Mammography (Tomosynthesis)
 - Ultrasound if indicated (please check one)*
 - asymptomatic patient/routine exam
 - diffuse/general breast pain
 - family history, no clinical concern
 - previous biopsy, no clinical concern
 - previous mastectomy/lumpectomy, no clinical concern
 - augmentation implants, no clinical concern
 - fibrocystic changes
 - expressed nipple discharge
- Digital Diagnostic Mammogram**
 - 3D Mammography (Tomosynthesis)
 - Ultrasound/CAD if indicated (please check one)*
 - palpable lump or thickening (locate on diagram)
 - focal pain (locate on diagram)
 - spontaneous nipple discharge
 - previous lumpectomy (malignant)
 - previous mastectomy, no clinical concern
 - short interval follow-up *(bring prior films)*
- Diagnostic Evaluation** *(Consultation to include digital mammography, ultrasound & interventional procedures as indicated)*

Breast Procedures

- Cyst Aspiration** RT LT
- Core Biopsy** RT LT
 - Ultrasonographic Stereotactic
- Ductogram** RT LT
- Needle Localization** RT LT
 - Mammographic Ultrasonographic

Ultrasound *(transvaginal/Doppler, if indicated)*

- Breast**
 - Mammogram if indicated*
 - palpable lump/ thickening (locate on diagram)
 - focal pain (locate on diagram)
 - short interval follow up *(bring prior films)*
- Abdomen**
- Pelvis**
- OB Limited**
- OB Complete**
- Renal/Bladder**
- Thyroid**
- Other:** _____

DXA

- Bone Densitometry (DXA)**

MRI *(x-rays and CAD, if indicated)*

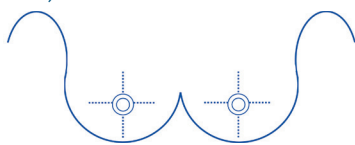
- Breast With & Without Contrast, Bilateral**
- Implant Breast With & Without Contrast, Bilateral**
- MRI Guided Needle Core Biopsy**
- MRI Guided Pre-op Needle Localization**
- Abdomen** _____
- Abdomen/Pelvis**
- Pelvis**
- Bony Pelvis**
- Brain**
- Spine** C T L
- Other:** _____

CT *(3D, if indicated)*

- Abdomen** _____
- Abdomen/Pelvis**
- Brain**
- Chest**
- Other:** _____

X-ray

- Chest**
- IVP**
- KUB**
- Other:** _____



RIGHT LEFT
ILLUSTRATE: O=LUMP X=PAIN

Clinical History/ICD-10 Code(s) _____

Previous Studies (Patient to Bring If Not EVDI)

Date _____ Location _____

***Complete This Section When Ordering CT or IVP**

Does the patient have both functioning kidneys? Yes No

Creatinine _____ (Not Ratio) on DATE: _____

Is the Patient Allergic to Iodine? Yes No

Is the Patient Diabetic? Yes No