



**Women's
Imaging**
C E N T E R
of Radiology Associates

**RADIOLOGY ASSOCIATES
OF TALLAHASSEE**
1600 Phillips Road
Tallahassee, Florida 32308

IMAGING CENTER (850) 878-6104
FAX (850) 309-0650
(Bring this form to your appointment)

Name _____ D.O.B. _____

Referring Physician _____

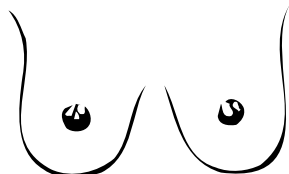
Appointment Date _____ Time _____

PLEASE ARRIVE 20 MINUTES PRIOR TO YOUR APPOINTMENT

The Following Examination Has Been Ordered

- Screening Mammogram** (With ultrasound and/or Diagnostic Mammogram if needed)
- Diagnostic Mammogram** (Patient or physician feels a lump, follow up of a mammographic abnormality, focal persistent pain, family or personal history of breast cancer, new nipple inversion or discharge, or current mastitis) - with ultrasound if needed.
- Breast Ultrasound**

If Diagnostic Relevant History _____



RIGHT

LEFT

IMPORTANT
Please mark the location
of palpable lumps.

- Dexa**

DEXA INDICATIONS

- Hyperparathyroidism (252.0)
- Vertebral abnormalities demonstrated by x-ray to be indicative of osteopenia or osteoporosis (733.02)
- Estrogen-deficiency and is at clinical risk for osteoporosis based on medical hx/other findings
 - Postablative ovarian failure (atrogenic, post-irradiation, post-surgical) (256.2)
 - Other ovarian failure (premature, menopause, primary ovarian failure) (256.3)
- Osteopenia (733.90)
- Disorder of bone or cartilage, unspecified (733.90)
- Osteoporosis, senile (postmenopausal) (733.01)
- Osteoporosis, idiopathic (733.02)
- Osteoporosis, unspecified (733.00)
- Menopausal, menopausal symptoms of female climactic states (627.2)
- On adrenal or cortical steroids (E932.0)
- Fracture of vertebral column w/o mention of spinal cord injury (805 00-805 9)

Location of fracture: _____

(PLEASE CIRCLE)- Fosomax Calcimar Miacalcin Actonel Evista Other _____

Dosage _____ Duration _____

Note: Medicare will pay for a DEXA Scan once every 2 years (730 calendar days) with one of the diagnoses listed above. Medicare may pay for a DEXA Scan for a patient more frequently than every 2 years, however medical necessity requirements must be met by the ordering practitioner providing such documentation for review.

Other diagnosis: _____
(This diagnosis is not covered by Medicare and will most likely be the patient's financial responsibility)

For your comfort, we suggest you schedule your appointment after your menstrual cycle, if possible. If your appointment is at an inappropriate time, we will be happy to reschedule.

Preparation Instructions

1. Do not use deodorants, body powders, perfumes, or body lotions.
2. For your convenience and comfort, please wear a two-piece outfit.
3. If you have had a previous mammography examination please attempt to obtain the x-rays before your appointment. It is very important to use the previous examination for comparison. If the previous mammograms were done at an out-of-town institution please have them mailed to our address. We will assume the responsibility of returning the x-rays.

(PLEASE DO NOT BRING UNATTENDED CHILDREN)

