Please Arrive 20 Minutes Prior to Your Appointment

The following examination has been ordered:

- Screening Mammogram (With Ultrasound and/or Diagnostic Mammogram and/or Tomosynthesis at Radiologist’s discretion)
- Tomosynthesis (With Screening)
- 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 and/or Tomosynthesis at Radiologist’s discretion)
- Tomosynthesis (With Diagnostic)
- Breast Ultrasound R L

If Diagnostic, Please List Relevant History:

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

(Please Circle) - Fosomax       Calcimar       Miacalcin       Actonel       Evista       Other _________

Dosage ______________________________  Duration ___________________________________

Note: Medicare will pay for a DEXA Scan once every 2 years with one of the diagnoses listed above. Medicare may pay for a DEXA Scan for a patient more frequently, 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.

(850) 878 - 6104

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 mammogram at another institution, please attempt to obtain the previous images before your appointment. These images are used for comparison. If your previous mammograms were done out-of-town, please have them mailed to our address (1600 Phillips Road, Tallahassee, FL 32308). We will assume responsibility of returning the images.