



**Women's
Imaging**
C E N T E R

**RADIOLOGY ASSOCIATES
OF TALLAHASSEE**

1600 Phillips Road
Tallahassee, Florida 32308
(850) 878-6104 • Fax (850) 309-0650

Please arrive 20 minutes prior to your appointment.

BRING THIS FORM TO YOUR APPOINTMENT

(Please do not bring unattended children)

Name _____ D.O.B. _____

Referring Physician _____

Appointment Date _____ Time _____

HISTORY _____

The following examination has been ordered:

- | | |
|--|---|
| <input type="checkbox"/> Pelvis – transabdominal and/or transvaginal exams | <input type="checkbox"/> Hysterosonogram (Ultrasound) |
| <input type="checkbox"/> OB | <input type="checkbox"/> Hysterosalpingogram/HSG (Fluoro) |

Pelvic Indications:

- | | |
|--|--|
| <input type="checkbox"/> 625.9 Pelvic Pain | <input type="checkbox"/> 625.0 Dyspareunia, painful sexual intercourse |
| <input type="checkbox"/> 626.0 Amenorrhea | <input type="checkbox"/> 626.2 Excessive or frequent menstruation, menorrhagia |
| <input type="checkbox"/> 620.2 Ovarian cyst, unspecified, follow-up | <input type="checkbox"/> 626.4 Irregular menstrual cycle |
| <input type="checkbox"/> 627.1 Post-menopausal bleeding | <input type="checkbox"/> 618.4 Uterovaginal prolapse, unspecified |
| <input type="checkbox"/> 218.9 Leiomyoma of uterus, follow-up fibroids | <input type="checkbox"/> 617.9 Endometriosis, prior patient history |
| <input type="checkbox"/> 621.2 Hypertrophy of uterus, enlarged | |
| <input type="checkbox"/> 625.3 Dysmenorrhea, painful menstruation | |

OB Indications:

- | | |
|---|---|
| <input type="checkbox"/> V22.1 Screening, supervision of normal pregnancy | <input type="checkbox"/> 656.5 Small for dates |
| <input type="checkbox"/> 649.5 Spotting complicating pregnancy | <input type="checkbox"/> 656.6 Large for dates |
| <input type="checkbox"/> 625.9 Pelvic pain | <input type="checkbox"/> 643 Hyperemesis |
| <input type="checkbox"/> 632 No fetal heart tones, before 22 completed weeks gestation | <input type="checkbox"/> 655.7 Decreased fetal movement |
| <input type="checkbox"/> 632 Missed abortion | <input type="checkbox"/> 642.0 Hypertension |
| <input type="checkbox"/> 656.4 No fetal heart tones, after 22 completed weeks gestation | <input type="checkbox"/> 648.8 Gestational Diabetes |
| | <input type="checkbox"/> 648.0 Diabetes |
| | <input type="checkbox"/> 651.0 Twin pregnancy |

PELVIC AND OB ULTRASOUND ONLY

Finish Drinking 1 quart of water (four 8oz. glasses) 60 MINUTES PRIOR TO EXAM. DO NOT GO TO THE BATHROOM. It is very important to have a full bladder.

While medical insurance is designed to help you meet the cost of medical services, the basic responsibility for payment is yours. Your insurance contract describes to what extent the company will reimburse you. There may or may not be a contract between your insurance company and our facility.

