



**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)

Contact & Direct Line _____

Name _____ D.O.B. _____

Referring Physician Signature _____

Referring Physician (Printed) _____ Date _____

Facility Name _____

Appointment Date _____ Time _____

Pertinent History/Clinical Indication _____

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"/> Pelvic Pain | <input type="checkbox"/> Dyspareunia, painful sexual
intercourse |
| <input type="checkbox"/> Amenorrhea | <input type="checkbox"/> Excessive or frequent menstruation,
menorrhagia |
| <input type="checkbox"/> Ovarian cyst, unspecified, follow-up | <input type="checkbox"/> Irregular menstrual cycle |
| <input type="checkbox"/> Post-menopausal bleeding | <input type="checkbox"/> Uterovaginal prolapse, unspecified |
| <input type="checkbox"/> Leiomyoma of uterus, follow-up
fibroids | <input type="checkbox"/> Endometriosis, prior patient history |
| <input type="checkbox"/> Hypertrophy of uterus, enlarged | |
| <input type="checkbox"/> Dysmenorrhea, painful menstruation | |

OB Indications:

- | | |
|---|---|
| <input type="checkbox"/> Screening, supervision of normal
pregnancy | <input type="checkbox"/> Small for dates |
| <input type="checkbox"/> Spotting complicating pregnancy | <input type="checkbox"/> Large for dates |
| <input type="checkbox"/> Pelvic pain | <input type="checkbox"/> Hyperemesis |
| <input type="checkbox"/> No fetal heart tones, before
22 completed weeks gestation | <input type="checkbox"/> Decreased fetal movement |
| Missed abortion | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> No fetal heart tones, after
22 completed weeks gestation | <input type="checkbox"/> Gestational Diabetes |
| | <input type="checkbox"/> Diabetes |
| | <input type="checkbox"/> 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.