



**Radiology Associates of Tallahassee / Women's Imaging Center**

1600 Phillips Road • Tallahassee, FL 32308

(850) 878-6104 • (850) 309-0650 Fax

*(Bring this form to your appointment)*

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Referring Facility \_\_\_\_\_

Contact & Direct Line \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Printed Physician Name \_\_\_\_\_ Date \_\_\_\_\_

**Please Arrive 20 Minutes Prior to Your Appointment**

Screening Mammogram with Tomosynthesis/3D (with Ultrasound and/or Diagnostic Mammogram and/or Tomosynthesis at Radiologist's discretion)

Diagnostic Mammogram with Tomosynthesis/3D (with Ultrasound at Radiologist's discretion)

Bilat  Lt  Rt

*\*Mark location of concern if choosing diagnostic study →*

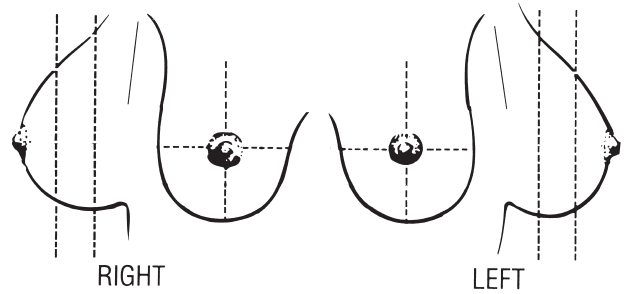
Breast Biopsy – MRI/Stereotactic/Ultrasound guided (at Radiologist's discretion)

MRI Breast Bilateral w/o and w/ Contrast (at Radiologist's discretion)

Breast Ultrasound  R  L (with Diagnostic Mammogram with Tomosynthesis/3D at Radiologist's discretion)

If Diagnostic, List Pertinent History/Clinical Findings: \_\_\_\_\_

**Mark & Indicate Clock Location: \_\_\_\_\_**



**\*Clockface Location Required for All Palpable Areas**

**DEXA**

- Hyperparathyroidism
- Vertebral abnormalities demonstrated by x-ray to be indicative of osteopenia or osteoporosis
- Estrogen-deficiency and is at clinical risk for osteoporosis based on medical history/other findings:
- Other ovarian failure (premature/menopause, primary ovarian failure)
- Postablative ovarian failure (iatrogenic, post-radiation post-surgical)
- Long-term Use of:  Inhaled Steroids  Systemic Steroids

(Circle current treatment): Fosomax Calcimar Miacalcin Actonel Evista Prolia Boniva Reclast

Other \_\_\_\_\_

Dosage \_\_\_\_\_ Duration \_\_\_\_\_

**DEXA Indications – Required**

- Osteopenia
- Osteoporosis:  w/o current fracture  with current fracture
- Fracture of vertebral column w/o mention of spinal cord injury  
Location of Fracture \_\_\_\_\_
- Asymptomatic Menopause
- Menopausal w/ climacteric states

**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 may not be covered by Medicare and will be the patient's financial responsibility: verify w/CMS Medical Necessity LCD) General screening is NOT covered by MCR

Referring Facility: \_\_\_\_\_ Contact & Direct Line: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Printed Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

