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COPY OF STUDY REQUEST: **YOUR APPOINTMENT IS:**
 CD/DVD
Web Access Available!

TOLL FREE: (866) 725-1061 / (410) 749-1123
 FAX: (410) 543-1063

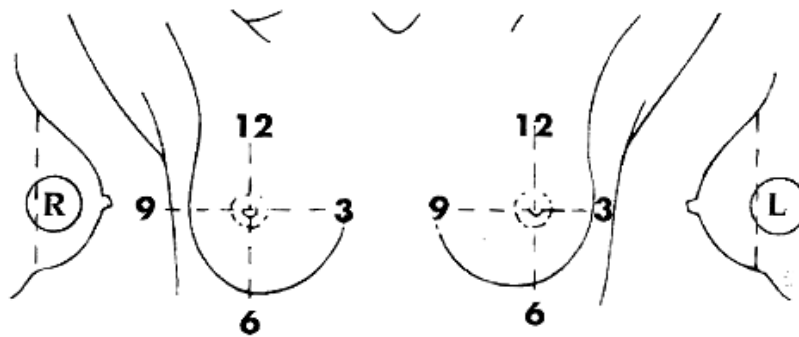
| | |
|---------------------------|--------|
| NAME: | |
| D.O.B.: | PHONE: |
| INDICATIONS: | |
| PHYSICIAN'S COMMENTS: | |
| PHYSICIAN'S PRINTED NAME: | |
| PHYSICIAN'S SIGNATURE: | |
| C.C. DOCTOR: | |

3D MAMMOGRAPHY
 (Tomosynthesis)

R L

R L

| | | | | |
|----------------------|--------------------------|------------------------------------|--------------------------|----------|
| SCREENING MAMMOGRAM | <input type="checkbox"/> | BIOPSY IF NEEDED (SPECIFY SURGEON) | <input type="checkbox"/> | SURGEON: |
| DIAGNOSTIC MAMMOGRAM | <input type="checkbox"/> | MRI (IF NEEDED) | <input type="checkbox"/> | |
| ULTRASOUND IF NEEDED | <input type="checkbox"/> | ADDITIONAL VIEWS (IF NEEDED) | <input type="checkbox"/> | |



* Indicate the area of concern on diagram.

| | | | |
|-------------------------|-------------|----------------------|--------|
| LUMP LOCATION: | | | |
| COMMON DIAGNOSES | | | |
| Description | ICD-10 Code | | |
| Mastalgia | N64.4 | Fibrocystic change | N60.19 |
| Galactorrhea | N64.3 | Breast Ca (Pers. Hx) | Z85.3 |
| Breast Lump/Mass | N63 | Breast Ca (Fam. Hx) | Z80.3 |
| Breast Cyst | N60.09 | Screening | Z12.31 |

OTHER TESTS

BONE DENSITY DEXA

| | |
|-------------------------------|--------------------------|
| BONE DENSITY | <input type="checkbox"/> |
| VERTEBRAL FRACTURE ASSESSMENT | <input type="checkbox"/> |
| BODY COMPOSITION SCAN | <input type="checkbox"/> |

World Health Organization criteria for BMD interpretation classify as Normal (T-score at or above -1.0), Osteopenic (T-score between -1.0 and -2.5), fracture risk is increased or Osteoporotic (T-score at or below -2.5) fracture risk is increased.

ULTRASOUND

| | | | | | | |
|--|---|-----------------------------|---------------------|---|--------------------------|----------|
| PREGNANCY COMP. <i>(TV if needed)</i> | PELVIC/TRANSVAGINAL | FOLLICLE STUDY | BREAST (SPECIFY) | R | LOWER EXT. ART (SPECIFY) | SPECIFY: |
| PREGNANCY F/U <i>(TV if needed)</i> | PREGNANCY DATING + VIABILITY <i>(TV if needed)</i> | KIDNEYS/BLADDER | | L | UPPER EXT. ART (SPECIFY) | |
| BIOPHYS. PROFILE | THYROID | ABDOMEN/ RETROPERITONEAL | | | LOWER EXT. VEN (SPECIFY) | |
| | SOFT TISSUE (SPECIFY) | CAROTID DOPPLER | | | UPPER EXT. VEN (SPECIFY) | |

CT

OTHER EXAM:

| | |
|---------------------|--------------------------|
| VIRTUAL COLONOSCOPY | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

YOU ARE REQUIRED TO BRING THIS FORM AND YOUR INSURANCE INFORMATION WITH YOU WHEN ARRIVING FOR YOUR TESTING.

FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK AND CREDIT CARD.
 CHILDREN ARE NOT PERMITTED IN THE EXAM ROOM. YOUR EXAM MAY BE RESCHEDULED IF BABYSITTING IS REQUIRED.

THANK YOU FOR CHOOSING PENINSULA IMAGING. (MAP TO OUR FACILITY ON BACK)

Exam Preparations

Mammography Preparation:

On the day of your exam, we ask that you do not wear lotion, deodorant or powder under your arms or on your breasts as these products may interfere with the images taken of the breasts. You will need to remove clothing from the waist up.

We recommend that you dress comfortably in a two-piece outfit to make it easy to undress from the waist up. We will provide you with a short gown that opens in the front.

Inform our x-ray technologist of any problems you may be experiencing with your breasts.

Bone Density Dexa Preparation:

You will be asked to remove some or all of your clothes and to wear a gown during the exam. You may eat normally, but do not take any calcium supplements for at least 24 hours prior to your test. Inform the technician if you have recently had a barium examination or have been injected with a contrast material for CT or radioisotope scan or if there is a possibility that you may be pregnant.

Ultrasound Preparation:

Pelvic/Endovaginal/Obstetrical/Renal:

Finish drinking one quart (32oz) of liquid 60 minutes prior and do not void. You must have a full bladder or your exam may be rescheduled.

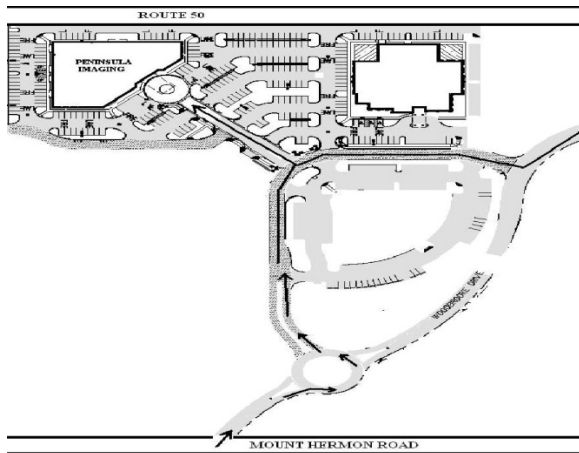
Gall Bladder/Pancreas/Abdomen:

NPO after midnight night before exam

Virtual Colonoscopy Preparation:

Please see our website www.peninsulaimaging.com for this detailed preparation OR call our office to speak with us about your exam.

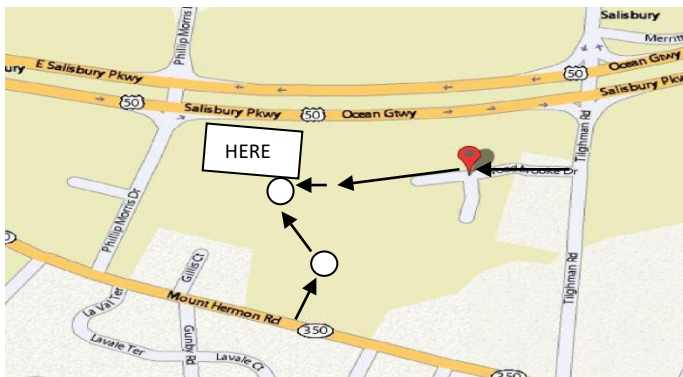
Location and Directions



Directions:

From Mt. Hermon Rd, look for the green Woodbrooke sign for the entrance. Enter circle, taking second right, then first left turn into parking lot.

From RT 50, take Tilghman Rd, staying in right-hand lane to exit right. Look for green Woodbrooke sign, taking right turn before the sign. Continue on Woodbrooke Drive, past housing taking right turn, then taking your 3rd right turn into our parking lot.



TOLL FREE: 1-866-725-1061
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