

# WOMEN'S IMAGING REQUISITION



Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone (Main): \_\_\_\_\_ (Alt): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Clinical Information/Diagnosis: \_\_\_\_\_

Are you aware if the patient has M. Tuberculosis, Varicella Zoster, or any other contagious disorder?  YES  NO

Appointment Date and Time: \_\_\_\_\_

Previous Mammogram Films: \_\_\_\_\_

## EXAM DESIRED

### MAMMOGRAPHY: With Tomosynthesis

- Breast Screening – Routine (No Problems)
- Dense Breast Screening – Routine Mammogram with Automated Breast Ultrasound (ABUS)
- Automated Breast Ultrasound (ABUS) (To be used as a supplemental screening tool in women with recent mammography showing dense breasts)
- Diagnostic Mammogram (possible Breast Ultrasound if indicated)
- Diagnostic Mammogram – **Breast Implants** (possible Breast Ultrasound if indicated)
- Special Views and/or Ultrasound (call back from abnormal Screening Mammogram)  
 BILATERAL  RIGHT  LEFT (please indicate for diagnostic studies)

### ULTRASOUND: *3D Imaging is used on ultrasound exams at the discretion of the radiologist unless otherwise indicated*

- Abdomen with Pelvis Ultrasound (Transvaginal Ultrasound if indicated)
- Abdomen Ultrasound
- Aorta Ultrasound
- Breast Ultrasound for patients under age 30 (possible Mammogram if indicated)  
 BILATERAL  RIGHT  LEFT (please indicate)
- Gallbladder Ultrasound
- Hysterosonogram
- OB Ultrasound Complete (Over 14 weeks)
- OB Ultrasound Limited (Under 14 weeks) (Transvaginal Ultrasound if indicated)
- Pelvic Ultrasound (Transvaginal Ultrasound if indicated)
- Renal (Kidney) Ultrasound
- Thyroid Ultrasound

### DIAGNOSTIC:

- Bone Densitometry (DEXA)
- Hysterosalpingogram (Hsg)

### MRI:

- MRI Breast with 3D Reconstruction (Possible Mammogram, Ultrasound, and/or Orbits if indicated)  
 BILATERAL  RIGHT  LEFT (please indicate)

### OTHER:

\_\_\_\_\_

Today's Date: \_\_\_\_\_

## SPECIAL REQUESTS

- Send films by courier
- Send films with patient
- Call physician w/appointment time
- Fax physician w/appointment time
- Call if patient cancels or reschedules
- Send copy of report to:

Dr. \_\_\_\_\_

PCP: \_\_\_\_\_

- Physician contact number for urgent findings:  
\_\_\_\_\_

- After-hours/weekend number:  
\_\_\_\_\_

**If Diagnostic, please indicate area of concern:**

The diagram shows two stylized breast outlines. Each breast has a vertical line and a horizontal line intersecting at a central point, forming a crosshair. This is used to indicate specific areas of concern on the breasts.

**NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR MAP, PLEASE SEE BACK OF FORM

Payment is required at the time of service unless other arrangements have been made.

WHITE – Patient Copy  
YELLOW – Referring Physician's Copy

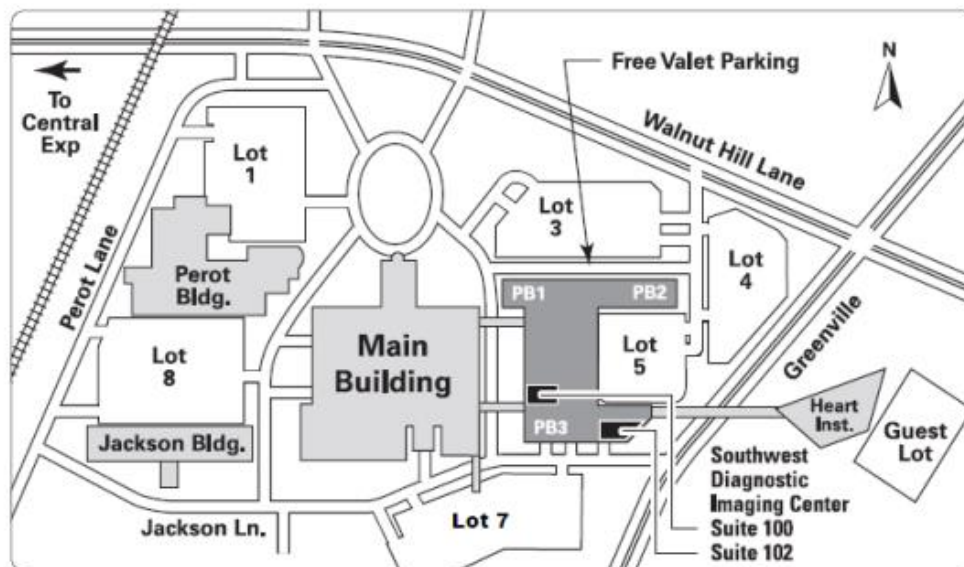
## EXAM PREPARATIONS

These preparations must be followed completely to ensure accurate test results.

- 1. **ULTRASOUND-ABDOMEN (liver, gallbladder, pancreas, kidneys, aorta, spleen, or abdominal Doppler study):** Nothing to eat or drink (except water) for eight hours prior to exam. You may take medications. Note: Please schedule renal sonograms **with Doppler** in the mornings.
- 2. **ULTRASOUND-ABDOMEN WITH PELVIS:** Nothing to eat or drink (except water) for eight hours prior to exam. You may take medications. One hour prior to the first ultrasound exam, begin drinking 32 oz. of water. Finish drinking all water in 15 minutes. (Water must be finished 45 minutes prior to time of exam.) **DO NOT VOID** after drinking the 32 oz. of water. The bladder must be full for the exam.
- 3. **ULTRASOUND- PELVIS, HYSTEROSONOGRAM, OB UNDER 14 WEEKS, or OB OVER 14 WEEKS:** One hour prior to exam time, begin drinking 32 oz. of water. Finish drinking all water in 15 minutes. (Water must be finished 45 minutes prior to time of exam.) **DO NOT VOID** after drinking the 32oz. of water. The bladder must be full for the exam.
- 5. **ULTRASOUND-RENAL (KIDNEY):** No preparation necessary. For RENAL ULTRASOUND WITH DOPPLER- See Ultrasound-Abdomen prep #1.
- 6. **ULTRASOUND RENAL/BLADDER:** 1 hour prior to appointment time, begin drinking 24 oz. of water. Finish in 15 minutes. **DO NOT VOID.** Bladder must be full for exam.
- 7. **ULTRASOUND- THYROID, NECK, BREAST, TRANSVAGINAL, APPENDIX, HERNIA, or EXTREMITY:** No preparation necessary.
- 8. **MAMMOGRAM:** Please wear a two-piece outfit so that you only have to undress from the waist up. It would be preferable to schedule a mammogram when breasts are less tender (5-10 days after the start of menstrual cycle). Do not wear any powder, deodorant, or creams under the arms or on the breast area.

**ATTENTION: FOR CHILDREN AND EXTREMELY ELDERLY OR DEBILITATED PATIENTS, YOU MAY WISH TO CONSULT A RADIOLOGIST OR YOUR PHYSICIAN REGARDING PREPARATIONS.**

*Thank you!*



### LOCATION:

Presbyterian Professional Building 3 (PB3)  
8230 Walnut Hill Lane, Suite 100 and 102  
Dallas, TX 75231-4472

### PARKING:

Please park in lot #5 (open parking)  
Parking validation will be provided.

Public Education Website:  
American College of Radiology  
[www.radiologyinfo.org](http://www.radiologyinfo.org)

For additional information, visit  
Southwest Diagnostic Imaging  
Center's Website.

[www.swdic.com](http://www.swdic.com)

IMAGING CENTER:  
Phone 214/345/6905

SCHEDULING:  
Phone 214/345-4331  
Fax 214/345-6230