

Order Form

1351 Clear Lake City Blvd. Suite 300 | Houston, Texas 77062

Scheduling (346) 326-2490 Fax: (844) 656-3680

www.CommunityImagingAtClearLake.com

Patient Name						
Birthdate	Referring Physician		Physician Phone			
Patient Phone Number	Secondary Phone Number		Physician Fax			
Date Ordered		Appointmen	t Date	Appointment Time		

Birthdate	thdate Referring Physician						
Patient Phone Number	Secondary Phone Number		Physician Fax				
Date Ordered		Appointmen	t Date	Appointment Time			
	TO THE PATIEN bring this Order Form wit e results of your examination	h you the d					
BREAST IMAGING) 12	2	12			
Mammography							
O Routine Screening Mammogram / Asympto O Diagnostic Mammogram Bilateral / Probler O Diagnostic Mammogram Unilateral Diagnosis O Lump / Mass O Discharge		9	3 (5				
O Pain / Tenderness O Other:	R L	Right E	Propot	6 Left Breast			
Additional Breast Services O Breast Ultrasound O Cyst Aspiration O Ultrasound Guided Breast Biopsy O Ultrasound Guided Needle Localization O Mammo Guided Needle Localization O Other:	R L 0 R L R L	Deodorant, pe breast or und mammogram Breast implan	uld know: erfume, powders ler the arms before difficult to interposes or scar tissue	or ointments applied to the ore the test may make a			
Ultrasound Services O Abdomen with Duplex O Arterial Doppler Bilateral - Lower Extrem O Arterial Doppler Bilateral - Upper Extrem O Gallbladder / Liver with Duplex O Pelvic Transvag & Trans Abd. w/ Duplex O Thyroid O Venous Doppler Bilateral Extremity O Venous Doppler Unilateral Extremity O ADDITIONAL WORK UP PER RADIOLOGIS O STAT REPORT Phone	o iity	I your healt If you are or metest with expense of the color results of t	h profession night be pregnan osure to low-dose ast-feeding. A ma in breast that cor east implants. Br mmogram metho eviously had a br ar tissue will help	t. A mammogram is an x-ray e radiation. ammogram may not provide ntain milk. reast implants requires a			
Fax		XReferring Phys	sician Signature (m	ust have a signature to complete exan			

X _							
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