

EMORY JOHNS CREEK HOSPITAL

Center for Breastcare

APPT DATE/TIME: _____

6335 Hospital Parkway Suite 106, Johns Creek, Ga. 30097

NAME: (Last, First) _____

DOB: _____

PHONE: _____

Diagnosis: _____

Emory Johns Creek Hospital Scheduling Office: (678) 474-8100 or (678) 474-PINK

Please indicate whether patient would like 2D or 3D examination

SCREENING MAMMOGRAPHY (ASYMPTOMATIC)

- Bilateral Right Left Implants

(performance of additional diagnostic mammographic views and/or breast US if medically necessary)

DIAGNOSTIC MAMMOGRAPHY (SYMPTOMATIC)

- Bilateral Right Left Implants

(performance of breast US if medically necessary)

BREAST ULTRASOUND (SYMPTOMATIC)

- Bilateral Right Left

(performance of diagnostic mammogram if medically necessary)

MRI

- Breast with and/or without contrast
 Breast Implants

(performance of diagnostic mammogram and/or breast US if medically necessary)

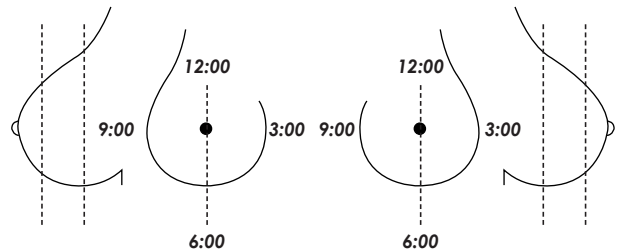
Biopsy

performance by: Stereotactic or Ultrasound

History: _____

- Abnormal mammogram follow up
 Lump or Mass in Breast
 Pain/tenderness in breast
 Skin/nipple changes/Discharge
 Change in size/shape of breast
 Other: _____

PLEASE MARK AREA OF CONCERN



RIGHT

LEFT

BONE DENSITOMETRY

History: _____

- Menopause
 Premature menopause
 Osteoporosis
 Pathologic fracture-vertebrae
 Long term use of steroids
 Other: _____

Patient Preparation Instructions For Exams:

Due to the nature of your appointment, children will not be allowed in the exam room.

Procedure Instructions:

For your comfort, please wear two piece clothing.

Please do not wear powder, perfume, lotion or deodorant in the breast or underarm area. This interferes with the quality of your images.

Please be sure to bring previous mammogram images/reports from other healthcare facilities. We will need them for comparison.

Bone Densitometry:

Wear loose comfortable clothing with no metal snaps or zippers.

PHYSICIAN NAME (PRINT): _____ PHONE: _____ FAX: _____

PHYSICIAN SIGNATURE: _____ DATE/TIME: _____

PHYSICIAN'S ID #: _____ NPI #: _____ CC REPORT TO: _____