

Today's Date: _____
 Patient Name: _____ Date of Birth: _____
 Phone: (____) _____ Alternate Phone: (____) _____
 Clinical History: _____
 Referring Provider Name (Print): _____
 Referring Provider Signature: _____
 CC Report to: _____

PRIORITY
 Routine Fax: _____
 Stat Call: _____
 Stat Fax: _____
MEDIA REQUESTED
 CD Patient Hand Carry
 Mail to Physician

Women's Order Form

BREAST IMAGING

- 3D Screening Mammogram** (Proceed w/ Diagnostic Mammogram and/or US if necessary)
 - Implants
- High-Risk Protocol**
 - Proceed with Breast MRI if 20% or higher lifetime risk based on TC Score
 - Proceed with Whole Breast Ultrasound if Heterogeneously or Extremely Dense Breast
- Diagnostic Mammogram** (US if necessary)

Select any of the following indications:

 - Lump: R L Bil
 - Localized Nodularity: R L Bil
 - Dimpling or Contour Deformity: R L Bil
 - Nipple Discharge: R L Bil
 - Spontaneous Nonspontaneous
 - Pain: R L Bil
 - Suspected Complications of Breast Implants
Specify: _____
- Proceed w/ Biopsy** (if necessary)

Prior Imaging: Yes No Date: _____
 Previous location: _____

MRI (3D Recon, Labs, Orbital X-Rays, if clinically necessary)

- W/WO CONTRAST** **W/O CONTRAST**
- Pelvis:**
 - Bony Soft Tissue
- Abdomen:**
 - Adrenal Glands Enterography Eovist Liver Liver
 - MRCP Pancreas Renals
- Breast Bilateral MRI:**
 - Implant Rupture Screening (high risk patient)
- Brain:** Pituitary IACs
- Spine:** Cervical Thoracic Lumbar
- Other:** _____

OTHER REQUEST/INFO

Other: _____

ULTRASOUND (Duplex if indicated)

- Abdominal Aorta**
- Abdominal Duplex** (Liver)
- Abdomen Complete**
- Abdomen Limited**
- Arterial w/ ABI:**
 R L Bil | Leg Arm
- Venous Doppler:**
 R L Bil | Leg Arm
- Carotid**
- OB w/ TV (1st Trimester)**
- OB (2nd/3rd Trimester)**
- Biophysical Profile**
- Breast:** R L Bil
- Pelvic TV/TA**
- Pelvis TA only**
- Renal Arteries**
- Thyroid**
- Other:** _____

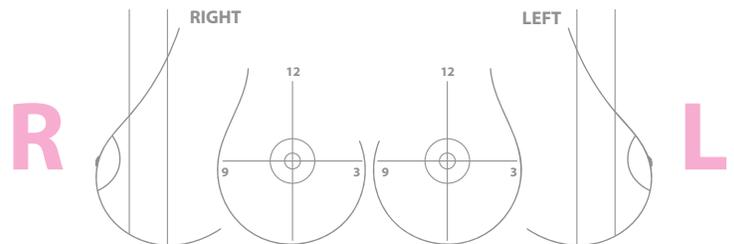
DEXA - BONE DENSITY

- Screening** (LVA if indicated)

BREAST INTERVENTION

- Stereotactic Biopsy** OR OL Bil
- US Biopsy** OR OL Bil
- MRI Biopsy** OR OL Bil
- Cyst Aspiration** OR OL Bil
- Needle Localization** OR OL Bil

Area of Interest



Locations, Maps & General Information

Scheduling P: (713) 797-1919 | F: (713) 383-9933

CENTER	LOCATION	3T MRI	1.5T MRI	High Field Open MRI	Prostate MRI	Breast MRI	3D Mammography	CT/CCTA	Ultrasound	Ultrasound Guided Breast Biopsy	Stereotactic Breast Biopsy	Digital X-Ray	DEXA	Nuclear Medicine	PET/CT	SPECT/CT	Thyroid Biopsy	Arthrogram
① Campbell	9180 Katy Fwy. #100, Houston TX, 77055	●			●	●	●	●	●			●						●
② Energy Corridor	1155 Dairy Ashford Rd. #105, Houston TX, 77079	●			●		●	●	●			●	●		●			
③ Global	1435 Highway 6, Sugar Land, TX 77478		●			●	●	●	●	●		●	●					
④ Heights	427 W. 20th St. #104 & #401, Houston TX, 77008	●			●	●	●	●	●			●	●					
⑤ Jacinto City	10912 East Fwy., Houston, TX 77029		●		●		●	●	●	●		●	●					
⑥ Pearland	3322 E. Walnut St. #105, Pearland, TX 77581	●			●	●	●	●	●			●	●	●			●	●
⑦ Richmond	3310 Richmond Ave., Houston TX, 77098		●	●			●	●	●			●	●	●	●	●	●	●
⑧ Shepherd	3301 South Shepherd Dr., Houston TX, 77098	●	●		●							●						●
⑨ Steeplechase	11301 Fallbrook Dr. #102, Houston, TX 77065		●		●		●	●	●			●						
⑩ Sugar Land	14835 Southwest Fwy., Sugar Land, TX 77478		●		●		●	●	●			●	●					
⑪ Tomball	425 Holderrieth Blvd. #104, Tomball, TX 77375		●		●		●	●	●			●	●					
⑫ Women's Breast Center	9230 Katy Fwy. #440, Houston, TX 77055						●		●	●		●						

● Center with 3D Mammography

PREPARATION for Digital Mammogram Examination:

- No perfume, deodorant or body powder the day of the exam.
- Please bring any previous mammogram films and reports (if done at another facility).
- Please wear two piece clothing.
- Do not schedule one week before menstrual period.

PREPARATION for Breast Biopsy:

- No aspirin or "blood thinner" one week prior to biopsy.
- Please consult your physician prior to discontinuing medications.

NO PREP NEEDED FOR BREAST ULTRASOUND OR CYST ASPIRATION.

PREPARATION for DEXA Exam:

- Patients should not be scheduled within two weeks of any diagnostic or CT exam utilizing Barium, or any nuclear medicine exam.
- If possible, do not wear clothing with metal buttons or zippers.

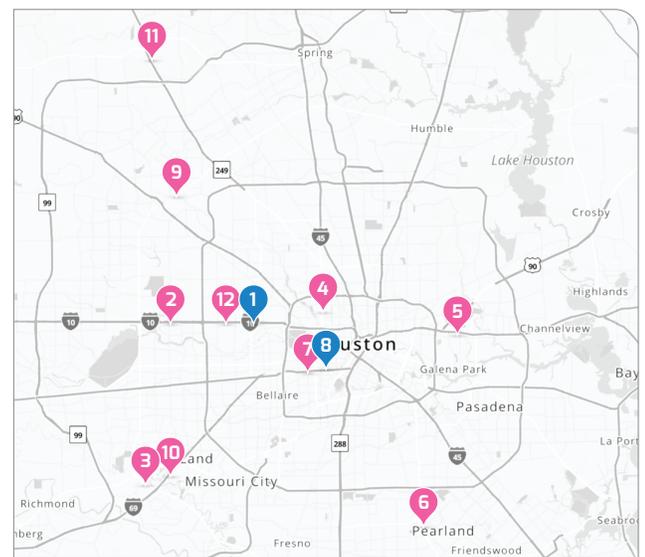
General information

1. It is required that we have a doctor's order to perform your exam, with the exception of screening mammography.
2. Please bring a valid id card with you along with your insurance card.
3. Some exams require authorization.
4. Please plan on completing registration forms prior to your exam.
5. If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
6. To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
7. Study times may vary.



HoustonImaging.com

● Center with 3D Mammography



CONNECT PROVIDER PORTAL

Connect to our physician portal to see images/reports.
RadNetConnectTX.com



CONNECT PATIENT PORTAL

Connect to our patient portal to see images/reports.
TexasPatientPortal.com