



# CULLMAN REGIONAL

Cullman Women's Diagnostic Center  
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Hartselle Health Park Imaging Center  
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## Women's Diagnostic Order

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

### REPORTING INSTRUCTIONS

- ☐ Routine
- ☐ **STAT** Call Report - direct phone #: \_\_\_\_\_  
after hours phone #: \_\_\_\_\_
- ☐ pt to go ☐ pt to wait
- ☐ **STAT** Fax Report - fax # \_\_\_\_\_

PATIENT LAST NAME (REQUIRED)		FIRST	M	DATE OF BIRTH (REQUIRED)	PATIENT DAYTIME PHONE
SYMPTOMS/DIAGNOSIS/HISTORY (REQUIRED) - INCLUDE ICD-10 CODE(S) IF KNOWN					
INSURANCE	PA#		DATE OF LAST MAMMOGRAM		
ORDERING PRACTITIONER (REQUIRED)			PRACTITIONER SIGNATURE (REQUIRED) - NO STAMPS		

- ☐ Additional imaging/procedures may be done as determined by radiologist, if needed.
- ☐ Call my office prior to doing additional studies.

### CULLMAN IMAGING AND PROCEDURES

- ☐ **SCREENING MAMMOGRAM** (no breast symptoms or hx of cancer less 5 yrs)
- ☐ With ABUS ultrasound if breast density is determined to be greater than 50%
- ☐ 3D SCREENING MAMMOGRAM (tomosynthesis)
- ☐ **DIAGNOSTIC MAMMOGRAM** ☐ L ☐ R
- ☐ 3D DIAGNOSTIC (tomosynthesis)
- ☐ DIAGNOSTIC ULTRASOUND, if indicated
- ☐ **ULTRASOUND BREAST(S)** ☐ L ☐ R ☐ Bilateral
- ☐ SCREENING ABUS ULTRASOUND FOR BREAST DENSITY ONLY
- ☐ MRI BREASTS
- ☐ **IMAGE-GUIDED BREAST BIOPSY** ☐ L ☐ R
- ☐ Fine Needle Aspiration/cyst/fluid collection ☐ L ☐ R
- ☐ Ok to biopsy if unsuccessful aspiration attempt
- ☐ Bone Density

### PATIENT SYMPTOMS/HISTORY (Other than diagnosis included above)

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

### ANY ADDITIONAL IMAGING PROCEDURES

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

### HARTSELLE IMAGING AND PROCEDURES

The following exams are available at our Hartselle Health Park Imaging Center.

- ☐ Screening Mammogram
- ☐ Diagnostic Mammogram
- ☐ Ultrasound Breast(s)
- ☐ Bone Density (DEXA)
- ☐ Please check this box if you would like exam to be done at Hartselle Health Park Imaging Center.

### NEEDLE LOCALIZATION

- ☐ RADIOLOGIST DISCRETION Right; position \_\_\_\_\_
- ☐ MAMMOGRAPHY GUIDED Left; position \_\_\_\_\_
- ☐ ULTRASOUND GUIDED
- Diagnosis: \_\_\_\_\_
- Special Instructions (ex: bracket or multiple sites)
- \_\_\_\_\_  
\_\_\_\_\_
- SCHEDULED SURGERY DATE \_\_\_\_\_ TIME \_\_\_\_\_
- ☐ Sentinel Lymph Node

