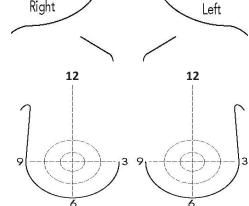


Women's Diagnostic Order

Today's Date:

Cullman Women's Diagnostic Center 912 Alabama Highway 157 Cullman, AL PHONE: (256) 737-2667 FAX: (256) 678-7794 scheduling@cullmanregional.com PATIENT LAST NAME (REQUIRED) SYMPTOMS/DIAGNOSIS/HISTORY (REQUIRED) DRDERING PRACTITIONER (REQUIRED)	Hartselle Health Park 35058 1549 US-31 • Hartsel Hartselle Scheduling: Hartselle Scheduling FIRST IRED) - INCLUDE ICD-10 CODE(S	le, AL 35640 256-735-2667 Fax: 732-440-3912 M DATE (after hours phone #:	direct phone #: pt to wait fax # PATIENT DAYTIME PHONE
Additional imaging/procedures may be done as determined by radiologist, if needed. Call my office prior to doing additional studies. CULLMAN IMAGING AND PROCEDURES			PATIENT SYMPTOMS/HISTORY (Other than diagnosis included above)	
SCREENING MAMMOGRAM (no be with ABUS ultrasound if breast and some state of the sta	density is determined to be great AM (tomosynthesis) synthesis) DUND, if indicated	ter than 50%	ANY ADDITIONAL IMAGIN	IG PROCEDURES
MRI BREASTS IMAGE-GUIDED BREAST BIC Fine Needle Aspiration/cyst/flu Ok to biopsy if unsucces Bone Density NEEDLE LOCALIZATION	id collection L		The following exams are averaging Center. Screening Mammogram Diagnostic Mammogram Ultrasound Breast(s) Bone Density (DEXA) Please check this box if Hartselle Health Park Im	n you would like exam to be done at
RADIOLOGIST DISCRETION MAMMOGRAPHY GUIDED ULTRASOUND GUIDED	Right; position		Right	Left



REF-001 REV. 3/2025