

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

Cullman Women's Diagnostic Center  
1912 Alabama Highway 157 | Cullman, AL 35058  
PHONE: (256) 737-2667  
FAX: (256) 678-7794  
scheduling@cullmanregional.com

Hartselle Health Park Imaging Center  
1549 US-31 • Hartselle, AL 35640  
Hartselle Scheduling: 256-735-2667  
Hartselle Scheduling Fax: 732-440-3912

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**
- 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)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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

