



CULLMAN REGIONAL

Cullman Women's Diagnostic Center
1912 Alabama Highway 157 | Cullman, AL 35058
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Hartselle Health Park Imaging Center
1549 US-31 • Hartselle, AL 35640
Hartselle Scheduling: 256-735-2667
Hartselle Scheduling Fax: 732-440-3912

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

☐ 3D SCREENING MAMMOGRAM
☐ 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

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	

PATIENT SYMPTOMS/HISTORY (Other than diagnosis included above)

ANY ADDITIONAL IMAGING PROCEDURES

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.

