

Today's Date: _____

Cullman Women's Diagnostic Center
1912 Alabama Highway 157 | Cullman, AL 35058
PHONE: (256) 737-2270
FAX: (256) 678-7794
scheduling@cullmanregional.com

Hartselle Health Park Imaging Center
1549 US-31 • Hartselle, AL 35640
Hartselle Scheduling: 256-735-5940
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)

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.

NEEDLE LOCALIZATION

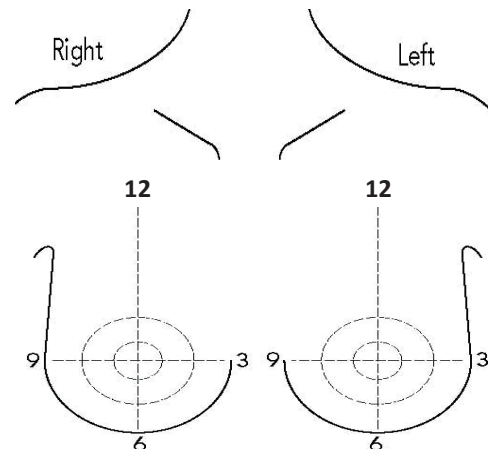
- RADIOLOGIST DISCRETION Right; position _____
- MAMMOGRAPHY GUIDED Left; position _____
- ULTRASOUND GUIDED

Diagnosis: _____

Special Instructions (ex: bracket or multiple sites)

SCHEDULED SURGERY DATE _____ TIME _____

Sentinel Lymph Node



For Women's Center Office Use Only

Appointment Date/Time: _____ Patient notified on: _____

Physician offices will be notified when appointments are scheduled and notification is confirmed for all diagnostic procedures.