

Radiology Central Scheduling	415.353.3900
Interventional Radiology Scheduling	415.353.1300
Neurointerventional Radiology Scheduling	415.353.1863
Billing & Insurance	415.514.8888
MyChart Customer Service	415.514.6000
Imaging Library (for report copies)	415.353.1640
Hours Monday to Friday	8 am to 5 pm

Women's Imaging Order (Outpatient)

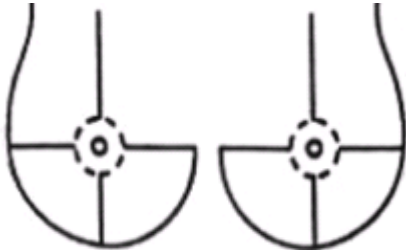
Patient Name _____

Date _____ DOB _____ MRN _____

Print label if available

Mammography Instructions

- If this is your first visit, please bring any prior mammogram films/CDs with you to your examination.
- No perfume, powder, deodorant or oils around breast area.
- Please check-in 15 minutes (or as instructed by scheduler) prior to your exam time to complete history.
- Dress comfortably for your examination.



Mark location of concern

Reason for study (Dx), Clinical history & Questions for the radiologist:

Breast Imaging Procedures

1. 3D Mammogram/Tomosynthesis
 2D Mammogram

	Bilateral	Right	Left
Screening Mammo			
Diagnostic Mammo			

Screening: No signs or symptoms of breast disease.
Diagnostic: Patient presents with signs or symptoms.

2. Breast Ultrasound

	Bilateral	Right	Left
Screening Ultrasound			
Diagnostic Ultrasound			

Dense Breast (no symptoms) → Screening US

3. Breast Mri W/ & W/O Contrast*

*High-Risk Criteria

1. BRCA 1/2 gene carrier
2. Lifetime risk ≥ 20%
3. Other: See below link
radiology.ucsf.edu/mammogram

Non-Breast Imaging Procedures

MRI

- Pelvis w/ & w/o contrast
- Pelvis (Fibroid Protocol w/ contrast)
- Brain w/o contrast
- MR Angiogram Brain w/ & w/o contrast
- MR Angiogram Neck w/o contrast
- Knee w/o contrast
- C-Spine w/o contrast
- L-Spine w/o contrast

Other: _____

Ultrasound

- Pelvic (non-OB)
- Abdomen
- Thyroid
- Carotid Duplex Venous Study:
- Upper Extremity
- Lower Extremity

Ordering Provider: _____

Appt. Date: _____ Appt. Time: _____

Signature _____