

Mammogram Preparation Guide & Physician Order Form

Preparation Tips:

- Please obtain an order from your physician prior to your exam or on the day of your appointment.
You can fax the order to 714-961-5997. We will be glad to help you with this process.
- Please provide us a copy of your previous mammogram films for comparison. This is important so the Diagnostic Radiologist can accurately read your results. If previous exams are unavailable during your appointment, results may not be available on that day.
- Please notify us if you have breast implants.
- Please wash all deodorant and/or powder off the breast and underarm area prior to your mammogram exam.
- Please do not wear lotions and perfumes, or any other products on your upper body. This can interfere with the results of your study.
- Please wear a comfortable, two-piece outfit so that you will only need to disrobe from the waist up.
- Please notify us if you are pregnant or breast-feeding.
- Unless your physician orders you differently, you may eat, drink and take medications as usual.

We look forward to seeing you and thank you for choosing Rose Plaza Imaging Center.

Rose Plaza Imaging Center

Women's Imaging Services

1325 N. Rose Drive, Suite 101 • Placentia, CA 92870

Scheduling (714) 961-5990 or

Fax (714) 961-5997

www.placentialinda.com

Order Form (Patient MUST bring this form on the date of service)

Date: _____

Time: _____ a.m. p.m.

Patient Name: _____

Date of Birth: _____

Referring Physician (print): _____

Referring Physician (signature): _____

Office Contact Number: _____

Symptoms / Diagnosis: _____

A note to all ordering clinicians: Test should only be ordered that are medically necessary for the diagnosis, symptoms and or treatment. The patient may be billed for tests that are not deemed necessary by payers. Please submit ALL (appropriate) clinical indications for ALL test(s) ordered. Ordering Physician offices MUST obtain pre certification of exams if required.

Screening Mammography (Asymptomatic)

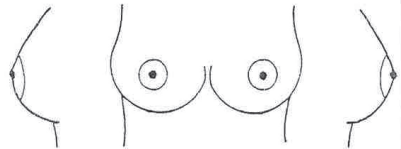
Perform additional diagnostic mammographic views and / or breast US if medically necessary.

Implants

Diagnostic Mammography (Symptomatic)

Perform with breast US if medically necessary.

Bilateral Right Left Implants



Please Mark Area of Concern

Ultrasound: _____

Bilateral Breast Right Breast Left Breast

(Pelvic Complete includes **NON** OB Pelvis & Transvaginal)

OB Pelvis OB Transvaginal

EDD _____ LMP _____

MRI: _____

Bilateral Breast Right Breast Left Breast

Breast Implants without Contrast Other

Breast with and/or without Contrast

Procedures: _____

Bilateral Breast Right Breast Left Breast

Image Guided Aspiration / Core Biopsy

Image Guided Needle Localization

Stereotactic Ultrasound MRI Diagnostic

We offer comprehensive Women's Health Services and are committed to your well-being and quality patient experience.

Women's Imaging Services:

- Screening & Diagnostic Digital Mammography
- Breast Ultrasound
- Breast MRI
- Image Guided Biopsy
- Bone Densitometry

Women's Health Specialties:

- Reconstructive Surgery
- Gynecology/Gynecological Surgery
- Osteoporosis Treatment & Prevention
- Weight Loss Surgeries

We accept:

- ✓ **Most Health Plans/ Covered California Plans**
- ✓ **Medicare**
- ✓ **Worker's Compensation**
- ✓ **Cash Pay**

**Please bring your insurance/Medicare card with you.
We look forward to seeing you!**

www.placentialinda.com



[Facebook.com/plhospital](https://www.facebook.com/plhospital)

