



# WOMEN'S IMAGING EXAM REQUEST

Scheduling (661) 324-7000 | Fax (661) 334-3164

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clinical History/Reason for Exam: \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Referring Physician (please print): \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**STAT REPORT**

**After hours contact#:** \_\_\_\_\_

## IMAGING SERVICES

**Screening Digital Mammogram** (Routine exam; no problems)

- Digital Screening Mammography w/CAD
- Breast Ultrasound if indicated
- 3D Tomosynthesis

**Diagnostic Mammogram** (with breast ultrasound if indicated)

- Left  Right  Bilateral
- Palpable mass or lump
- Follow-up of prior finding
- Nipple Discharge
- Abnormal mammogram/recall
- Skin or nipple findings
- Follow-up to biopsy
- Focal pain
- H/o breast cancer
- Metastasis
- Other \_\_\_\_\_

**Other Services**

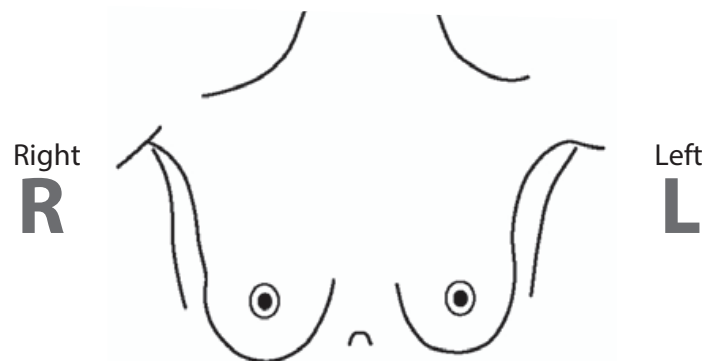
- Breast Ultrasound  Left  Right  Bilateral
- Breast MRI w/w contrast  
*(w/ second look ultrasound, if indicated)*
- Breast MRI wo contrast  
*(Implant rupture only)*
- Ultrasound guided breast biopsy  Left  Right  Bilateral  
*(w/ mammogram for clip replacement)*
- Stereotactic breast biopsy  Left  Right  Bilateral  
*(w/ mammogram for clip replacement)*
- MRI guided breast biopsy  Left  Right  Bilateral  
*(w/ mammogram for clip replacement)*
- Cyst Aspiration  Left  Right  Bilateral  
*(possible biopsy, if indicated)*
- Other Breast Imaging: \_\_\_\_\_

**Other Women's Imaging Studies**

- DEXA Bone Density
- Hysterosalpingogram
- Sonohysterogram
- Ductogram
- Needle/Wire Localization
- Pelvic MRI wo/w contrast (fibroids protocol)
- Pelvic Ultrasound (Transabdominal & Transvaginal)
- Pelvic Ultrasound Complete (Transabdominal only)
- Pelvic Ultrasound (Transvaginal Only)
- OBTVS < 13 weeks
- Obstetrical
- Other study: \_\_\_\_\_

**Location of concern must be noted on referral**

\*please mark location for study



**Exam Findings/Special Instructions:**

**Comprehensive Referral Request**

Checking this box authorizes KRMG Imaging Radiologists to schedule following additional breast related exams:

- Diagnostic Mammogram
- Breast Ultrasound
- Ultrasound guided breast biopsy  
*(with mammogram for clip placement)*
- Stereotactic breast biopsy  
*(with mammogram for clip placement)*



**RIO BRAVO FACILITY**  
4500 Morning Dr., #202  
Bakersfield, CA 93306

**SAN DIMAS FACILITY**  
3838 San Dimas, #A-120  
Bakersfield, CA 93301

**BAHAMAS FACILITY**  
2301 Bahamas Dr.  
Bakersfield, CA 93309

**RIVERWALK FACILITY**  
9330 Stockdale Hwy., #100  
Bakersfield, CA 93311

**OLD RIVER FACILITY**  
9900 Stockdale Hwy., #100  
Bakersfield, CA 9311

**DOWNTOWN FACILITY**  
1817 Truxtun Ave.,  
Bakersfield, CA 93301

## BREAST IMAGING SCHEDULING GUIDELINES & MAPS

### GENERAL PATIENT INFORMATION

- **Please be advised; failure to present this imaging request at the time of your appointment may result in cancellation and rescheduling of your exam.**
- Arrive at the specified time to allow for registration and exam preparation.
- Notify us upon arrival of any special needs or allergies
- You may take and prescribed medication as usual unless specified at the time of scheduling.
- Bring your ID, insurance card and authorization of workers comp information.
- Co-pay, co-insurance and /or deductables will be collected at time of service.
- Wear comfortable clothing.
- Leave valuables at home (Kern Radiology) is not responsible for lost or stolen articles).

### MAMMOGRAPHY

- Do not use powder, perfume or deodorant on the day of your exam.
- Wear a 2 piece outfit.

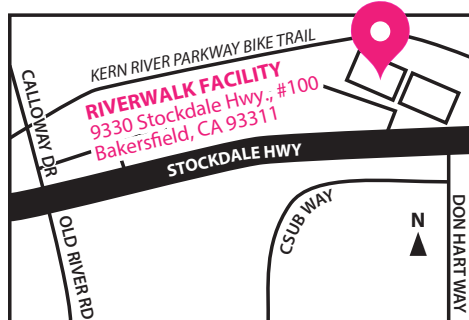
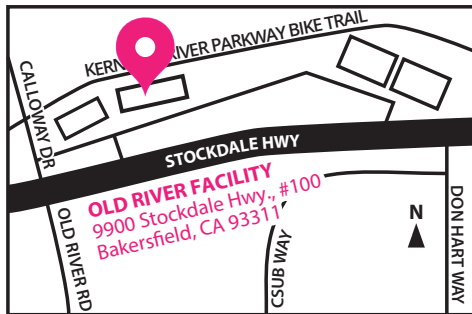
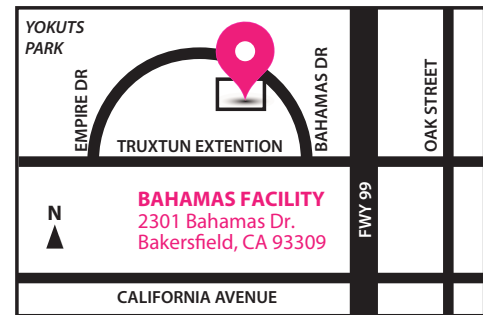
### DEXASCAN

- If you are taking calcium and/or other supplements, do not take any 24 hour prior to your exam.

### ULTRASOUND

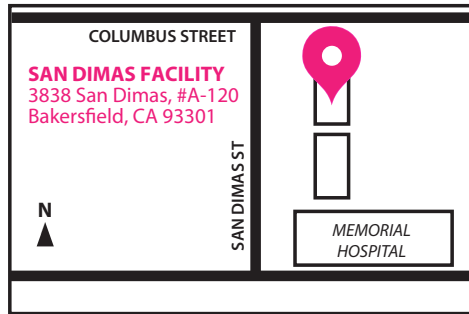
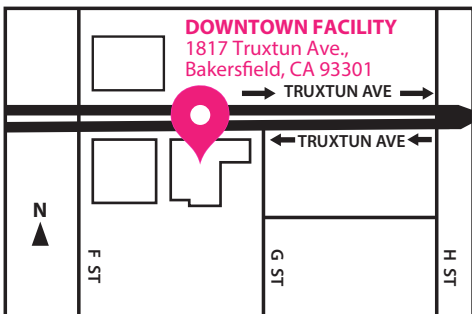
#### PELVIC/OB

- You must fill your bladder by drinking 32oz. of water, 60 minutes prior to your exam.
- **DO NOT** empty your bladder.



## CONNECT PROVIDER PORTAL

Take advantage of our patient portal to schedule your exam, then view your report after your appointment.



**>>if there is any possibility of pregnancy, please inform our staff prior to your appointment<<**

**ATTENTION:** Children cannot go into the exam room with you. If you have small children who are unable to stay alone in the waiting room, please bring someone to watch them. We cannot be responsible for children left unattended.

**If you have asthma, please bring your inhaler to the appointment.**