NEWTON-WELLESLEY HOSPITAL

Centralized Scheduling Department
(617) 243-5345 FAX (617) 243-6776

## WOMEN'S IMAGING CENTER

## WRITTEN ORDERS

| | | |
|---|---|---|
| | INSURANCE REFERRAL NO. (If Known) | |
| PATIENT NAME | D.O.B. | TEST SCHEDULED ON |
| MRN# | Date: | |
| Physician's Name | Physician's Phone | |
| Physician's Pager | Physician's Fax | |

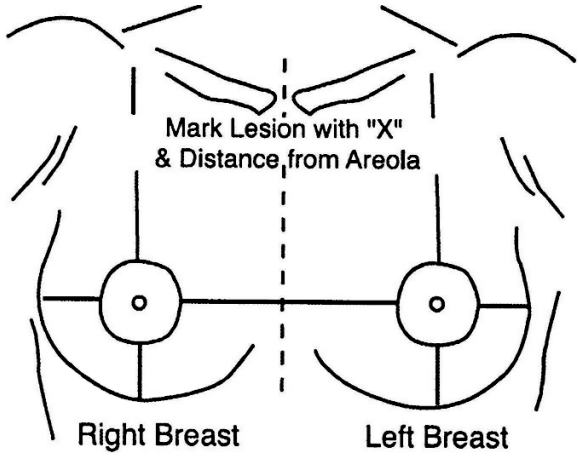
**Asymptomatic Screening**

❒ Mammogram

or

**Diagnostic Evaluation**

❒ Mammogram
❒ Breast Ultrasound
❒ Mammogram and Breast Ultrasound




**Reason for Diagnostic Exam:**

| | Rt. | Lt. |
|---|---|---|
| ❒ Palpable Mass / Thickening | ❒ | ❒ |
| ❒ Discharge | ❒ | ❒ |
| ❒ Pain (Focal) | ❒ | ❒ |
| ❒ Other High Risk Biopsy | ❒ | ❒ |
| ❒ Previous Mastectomy | ❒ | ❒ |
| ❒ Personal Hx Breast Ca | ❒ | ❒ |
| ❒ Follow-up / Advised by Radiology | ❒ | ❒ |

Other Pertinent History or Findings

_____
_____
_____
_____

Mass

| Rt. | Lt. |
|---|---|
| ❒ Hard | ❒ |
| ❒ Soft | ❒ |
| ❒ Cystic | ❒ |

❒ Biopsy if Needed

Physician's Signature _____

Newton-Wellesley Hospital
2014 Washington Street, Newton, MA 02462
Screening & Diagnostic Mammography, and Breast Ultrasound

Newton-Wellesley Ambulatory Care Center-Natick
307 West Central Street, Natick, MA 01760
Screening Mammography

Newton-Wellesley Ambulatory Care Center-Walpole
111 Norfolk Street, Walpole, MA 02081
Screening Mammography