



105 Grand Central Blvd., Suite 106
Pooler, GA 31322
Phone: (912) 303-5470 Fax: (912) 303-5471
Email: womenshealth@coastalimaging.net

Patient Information:

Name: _____
Date of Birth: _____
Date: _____
Phone Number: (____) _____
Patient Email: _____

Physician Information:

Name: _____
Date: _____
Phone Number: (____) _____
Fax: (____) _____ NPI: _____
Signature: _____

- Screening Mammogram and proceed with Diagnostic Consultation as indicated (see below)
- Diagnostic Mammography: includes the following as recommended by the interpreting physician
 - Ultrasound-Guided Breast Cyst Aspiration
 - Stereotactic Biopsy
 - Referral for Surgical Consultation
 - Breast Ultrasound
 - Ultrasound Breast Biopsy
 - Magnification Views

Symptoms/Diagnosis: _____

- DEXA Osteoporosis Scan

Symptoms/Diagnosis: _____

- General Ultrasound: _____

Symptoms/Diagnosis: _____

How to Prepare for Your Appointment

- Please bring any prior breast imaging with you
- Please bring your insurance information and a photo ID
- Please arrive 15 - 20 minutes early for your scheduled appointment time
- Please allow one hour for your scheduled appointment time
- Please wear a two-piece outfit (i.e., pants and a top)
- Please avoid wearing any deodorant, lotion, perfume or powder under your arms or on your breast
- Please call us prior to your appointment if there is ANY possibility that you are pregnant
- Please call us at your earliest convenience if you are unable to keep your scheduled appointment
- Please call us if you are experiencing any breast-related symptoms but are scheduled for a screening exam
- Please do not hesitate to give us a call if you have any questions about your appointment

Appointment Date: _____ Time: _____

Please remember to bring this order and any prior imaging with you to your appointment