



3D Mammography

1165 Imperial Drive, Hagerstown, MD 21740 Tel 240-513-6800 • Fax 240-513-6801

Patient name

D.O.B:

Phone

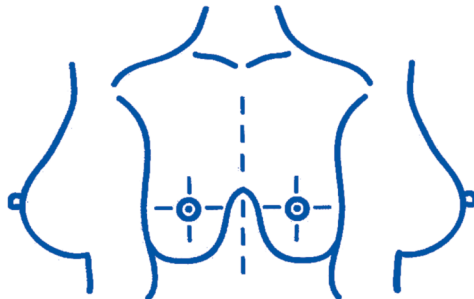
- Screening Digital Mammogram with 3D Tomosynthesis
- Screening Digital Mammogram without 3D Tomosynthesis (2D)
- Diagnostic Digital Mammogram with 3D Tomosynthesis
- Diagnostic Digital Mammogram without 3D Tomosynthesis (2D)
If diagnostic: _____ B/L _____ Right _____ Left
- Breast Ultrasound _____ B/L _____ Right _____ Left
- Ultrasound-guided Biopsy: _____ B/L _____ Right _____ Left
*To Include Post Images
- Stereotactic Biopsy: _____ B/L _____ Right _____ Left
*To Include Post Images

Note: age, patient history and previous findings will dictate appropriate progression of diagnostic studies.

Reason for Study:

- Annual exam
- 6 month follow-up exam
- Discovery of lump
- Discharge from nipple
- Soreness or pain
- Physician recommendation
- _____

Please indicate the area of concern:



Physician:

Date:

(Please avoid the use of deodorant and/or perfume on the day of your exam)

Appointment Date & Time at Progressive Radiology: _____