

Physician Referral Form

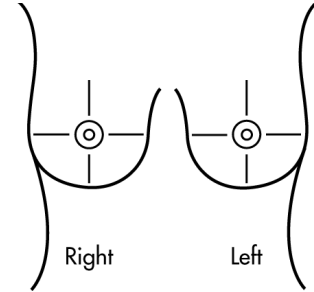
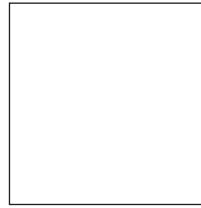
Patient Name _____ Date _____
 Appointment Date _____ Time _____ Referring Physician _____
 Diagnosis with ICD9 _____ Referring Physician Telephone# _____
 Indication _____
 Physician's Signature _____ Send film to my office cc: _____

Outpatient Nuclear Medicine Studies (Check all that apply)

- Bone Scan
 - Whole Body
 - 3 Phase
 - Limited (Area) _____
 - With SPECT
- Brain SPECT
- Gastric Emptying
- Gall Bladder
 - With Ejection Fraction
 - Sphincter of Oddi Dysfunction
- Liver/Spleen Scan
- Liver Spect (Hemangioma)
- Lung V/Q
- Lung Perfusion (Quantitative)
- Meckel's Diverticulum
- MUGA/Gated Cardiac
- Myocardial Stress Test
 - Pharmacologic
 - Exercise
- Myocardial Viability Test
- Parathyroid Scan
- Renal Scan
- Renal Scan with Lasix (Obstruction)
- Esophageal Motility
- Other _____

Breast Imaging

Physical Findings:



- Screening Mammography
 - Bilateral
 - Right
 - Left
- Diagnostic Mammography
 - Bilateral
 - Right
 - Left
- Breast Ultrasound
 - Bilateral
 - Right
 - Left
- Ultrasound Guided Breast Biopsy
 - Right
 - Left
 - FNA
 - Core Biopsy

Reason(s):

- Routine Screen**
- Palpable Mass
- Pain/Tenderness
- Follow-up for Abnormality
- Previous Breast Cancer
- Other
- Previous Benign Breast Surgery
- Nipple Discharge
- Family History/High Risk
- Thickening/Induration
- Breast Implants

May perform additional breast imaging as required

Referring physician's signature: _____

PLEASE CALL IF YOU HAVE ANY QUESTIONS

Prior Related Testing: Please bring prior films to appointment

Convenient Location

Located at 9335 McKnight Road, Allegheny Imaging of McCandless is a short distance north of the Ross Park Mall. Turn left onto Arcadia Court at the Outback Steak House. Make an immediate left behind the restaurant and proceed to the last building on your right. The Imaging Center is located on the first floor. Free parking is offered for all patients and visitors.

Allegheny Imaging of McCandless, LLC
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