



# avestēe

WOMEN'S IMAGING CENTER  
OF ALAMO HEIGHTS

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avesteeimaging.com

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Call Patient to Schedule Appt.

Ordering Physician: \_\_\_\_\_

Routine Screening    Diagnostic Reason for Exam: \_\_\_\_\_

Fax Prelim: # \_\_\_\_\_ Call Report to: # \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

### SCREENING MAMMOGRAPHY

- Screening Bilateral Mammogram  
(w/ return work-up and/or Ultrasound if needed)
- Screening Unilateral Mammogram     LT     RT
- Other/Special Instructions: \_\_\_\_\_

### DIAGNOSTIC MAMMOGRAPHY

- Bilateral Diagnostic Mammogram  
(w/ Ultrasound if needed)
- Unilateral Diagnostic Mammogram  
(w/ Ultrasound if needed)     LT     RT
- Breast Ultrasound     LT     RT
- Other/Special Instructions: \_\_\_\_\_

### BONE DENSITY EXAM (DEXA)

- DEXA w/ Lateral L-Spine 1vw
- DEXA w/out Lateral L-Spine 1vw
- Other/Special Instructions: \_\_\_\_\_

### INTERVENTIONAL

- Stereotactic Core Biopsy\*     LT     RT
- Ultrasound Guided Breast Biopsy     LT     RT
- Fine Needle Breast Aspiration\*     LT     RT
- Cyst Aspiration\*     LT     RT
- Needle Localization\*     Galactography
- Other/Special Instructions: \_\_\_\_\_

### OTHER PROCEDURES NOT LISTED

- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\* Procedures that require special preparation.

### ULTRASOUND

- Breast Ultrasound     LT     RT
- Pelvic\* (w/ Trans-vag and Doppler if needed)
- OB Complete\* (w/ Trans-vag and Doppler if needed)
- OB Follow-up\* (w/ Trans-vag and Doppler if needed)
- Fetal Viability\* (w/ Trans-vag and Doppler if needed)
- Extremity     LT     RT \_\_\_\_\_
- Kidney     LT     RT     Bilat
- Hysterosonography\*     AAA Screening\*
- Thyroid     Liver - Follow-up\*
- Abdomen     Gallbladder\*
- Abdominal Aorta\*
- Biopsy     Fine Needle Aspiration\*
- Other/Special Instructions: \_\_\_\_\_

### VASCULAR ULTRASOUND

#### ARTERIAL DOPPLER

- Carotid     Renal Doppler\*
- Aorta Doppler\*     Mesenteric\*
- Abdominal Doppler\*

#### VENOUS DOPPLER

- Upper Ext. Doppler     LT     RT
- Lower Ext. Doppler     LT     RT  
     DVT     Valve Function
- Abdominal Doppler\*     Hepatic\*     Portal\*
- Other/Special Instructions: \_\_\_\_\_

