

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

Relevant family history: \_\_\_\_\_

Prior imaging: \_\_\_\_\_ Allergies: \_\_\_\_\_

LMP: \_\_\_\_\_ ICD-10: \_\_\_\_\_

Referring provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### BREAST IMAGING

Mammography\*\*\*  Screening  Diagnostic  Bilateral  Unilateral: \_\_\_\_\_

Ultrasound Breast:  Right  Left  Bilateral  US Guided Breast Bx: \_\_\_\_\_

**MRI Breast** with contrast  Performed at Clearview MRI  Other: \_\_\_\_\_

\*\*\*Is WI&I authorized to perform tomosynthesis (3D) mammogram, or a diagnostic ultrasound if indicated:  Yes  No

### ULTRASOUND

Pelvic Complete Transabdominal & Vaginal

OB 1<sup>st</sup> trimester for dating

Sonohysterogram\*\*\*

OB 2<sup>nd</sup> trimester anatomy screen

Endometrial Biopsy

OB 2<sup>nd</sup> or 3<sup>rd</sup> trimester for growth

Abdomen

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

\*\*\*Should include a ultrasound pelvic complete unless one has been done in last 3 months

---

### FLUOROSCOPY

Hysterosalpingography (HSG)

Vaginogram/Fistulagram

Fallopian Tube Catheterization (FTRC)

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

---

### PELVIC MRI performed at Clearview MRI

Pelvic without contrast

Fetus or Placenta without contrast

Other \_\_\_\_\_

**Amy Thurmond, MD**  
NPI: 1487729281  
TAX ID: 86-1143198  
(OBGYN/Breast Imaging)

**When calling your insurance please refer to one of the following:**  
**Robert Seapy, MD (all except Providence)**  
NPI: 1255406054  
TAX ID: 86-1143200  
(Robert S, PC)

**Maureen Baxter, MD**  
Tax ID 46-2553733

(Womens Imaging & Intervention)