

Patient Name: _____	D.O.B.: _____	
Home Phone: _____	Work: _____	Cell: _____
History: _____		
Relevant family history: _____		
Prior Imaging: _____		
Allergies: _____		
LMP: _____	ICD.10: _____	
Referring Provider: _____	Phone: _____	

BREAST IMAGING

Mammography 2D/3D*** 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 a diagnostic ultrasound if indicated: Yes No

ULTRASOUND

- | | |
|---|---|
| <input type="checkbox"/> Pelvic Complete Transabdominal & Vaginal | <input type="checkbox"/> OB 1 st trimester for dating |
| <input type="checkbox"/> Sonohysterogram*** | <input type="checkbox"/> OB 2 nd trimester anatomy screen |
| <input type="checkbox"/> Endometrial Biopsy | <input type="checkbox"/> OB 2 nd or 3 rd trimester for growth |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Other: _____ |

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

FLUOROSCOPY

- | | |
|--|---|
| <input type="checkbox"/> Hysterosalpingography (HSG) | <input type="checkbox"/> Vaginogram/Fistulagram |
| <input type="checkbox"/> Fallopian Tube Catheterization (FTRC) | <input type="checkbox"/> Other: _____ |

PELVIC MRI performed at Clearview MRI

- | | |
|--|---|
| <input type="checkbox"/> Pelvic without contrast | <input type="checkbox"/> Fetus or Placenta without contrast |
| <input type="checkbox"/> Other: _____ | |

When calling your insurance please refer to one of the following:

Amy Thurmond, MD (all plans)
NPI: 1487729281
TAX ID: 86-1143198

Robert Seapy, MD (all except Providence)
NPI: 1255406054
TAX ID: 86-1143200