

[**Mammograms save lives.**]

Order for Mammogram



- 2-D
- 3-D
- Ultrasound as necessary

Screening: _____ Diagnostic: _____

Diagnosis: _____

Patient's Name (please print): _____

Patient's Date of Birth: _____

Physician's Name (please print): _____

Physician's Signature: _____

Physician's Phone Number: _____

Physician's Fax Number: _____

Note to physician: Per FDA (MQSA) guidelines, your patient will receive preliminary results.
The patient will be referred back to you for his or her final report.

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**Baptist Health
South Florida**