

Auria Medical Clinics, LLC

Mozhgan Zafar, MD

Ali Araghi, MD

Tammy Rivers, NP

Imaging studies order form

Patient name:

DOB:

Contact number:

Indication:

1- X-ray:

2- Mammography:

Screening	Bilateral	Left	Right
Diagnostic:	Bilateral	Left	Right

3-Breast US:

Bilateral	Left	Right
-----------	------	-------

US guided breast needle biopsy:	Bilateral	left	Right
---------------------------------	-----------	------	-------

US guided core breast biopsy:	Bilateral	Left	Right
-------------------------------	-----------	------	-------

Ultrasound exam:

Thyroid	Abdomen	Pelvis	Vaginal
---------	---------	--------	---------

CT study:

MRI study:

Please fax the report to 888-814-0930