



LOMA LINDA UNIVERSITY  
MEDICAL CENTER

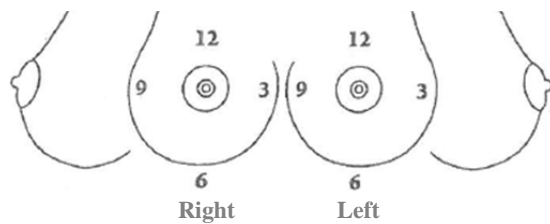
RADIOLOGY REQUEST FORM  
**Women's Imaging Center**

Patient's Name (Last, First)	_____	Date of Birth	_____
Patient's Phone Number	_____	Weight	_____
List Any Allergies	_____	Breast Implants	Yes No
Symptoms or Reason for Exam	_____	ICD-10 Code(s)	_____

**PLEASE NOTE:** Procedures will NOT be performed without a complete and signed order.

**MAMMOGRAPHY**

For diagnostic mammography, please include approximate Size and Location of mass.



**ULTRASOUND**

**DEXA BONE DENSITOMETRY**

**SPECIAL/MISCELLANEOUS**

Ordering Provider (Print Name and Title)	_____	NPI#	_____
Signature (Required)	_____	Phone	_____
Date	_____	Fax	_____

Please FAX the completed form to 909-558-0141.

Then call 909-558-5533, option 2 for imaging appointments or 909-558-4000 ext. 50951 for biopsy appointments.

You can place orders and view results faster using [lluhconnection.org](http://lluhconnection.org/loma-linda-university-health-carelink). Learn more at:  
<http://lluhconnection.org/loma-linda-university-health-carelink>.