

# CYPRESS WOMEN'S IMAGING - EAST



9300 E. 29<sup>TH</sup> N., Ste. 202  
Wichita, KS 67226  
(316) 681-1827 • (866) 681-1827  
Fax (316) 681-3224

NAME \_\_\_\_\_ DOB \_\_\_\_\_

## BREAST IMAGING & PROCEDURES

- SCREENING MAMMOGRAM
- DIAGNOSTIC MAMMOGRAM
- DIAGNOSTIC MAMMOGRAM & ULTRASOUND
- BREAST ULTRASOUND
- BREAST BIOPSY OR ASPIRATION (IF INDICATED)
- MRI OF BREAST

## ULTRASOUND STUDIES

- PELVIC ULTRASOUND
- OB ULTRASOUND  
(EDC \_\_\_\_\_)
- BIOPHYSICAL PROFILE
- GALLBLADDER/LIVER ULTRASOUND
- RENAL ULTRASOUND
- ABDOMINAL ULTRASOUND (COMPLETE)
- DEXA (BONE DENSITY)

REASON FOR EXAM: \_\_\_\_\_

REFERRING PHYSICIAN \_\_\_\_\_

### WICHITA RADIOLOGICAL GROUP

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**PATIENT INSTRUCTIONS**

**PLEASE CALL AND MAKE YOUR APPOINTMENT AS SOON AS POSSIBLE AT 681-1827 OR TOLL-FREE (866) 681-1827.**

**BRING THIS REQUISITION TO YOUR APPOINTMENT.**

**DATE \_\_\_\_\_ TIME \_\_\_\_\_**

**MAMMOGRAM INSTRUCTIONS**

PLEASE PLAN TO ARRIVE AT THE CENTER AT LEAST 15 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT TIME. WE RECOMMEND THAT YOU WEAR A TWO PIECE OUTFIT AND WEAR LITTLE OR NO DEODORANT PLEASE

**PELVIC AND/OR PREGNANCY ULTRASOUND INSTRUCTIONS**

PLEASE DRINK 32 OZ. OF WATER ONE-HOUR PRIOR TO YOUR APPOINTMENT TIME.

**GB/ABDOMINAL/RENAL ULTRASOUND INSTRUCTIONS**

NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO YOUR APPOINTMENT TIME.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT OUR OFFICE FOR ASSISTANCE. THANK YOU**

