



MAUI DIAGNOSTIC IMAGING

Triangle Square Clinic 425 Koloa St. Ste 102, Kahului HI 96732

Kihei Clinic 221 Piikea Ave., Ste. B, Kihei HI 96753

SCHEDULING 877-6402. Please FAX REQUISITIONS to 877-7682

Patient Name (Last, First MI)		Date of Birth	HOME/CELL PHONE:
			WORK PHONE:
Mailing Address		City	State Zip Code
Date of Exam	Appointment Time	INSURANCE :	
Is patient pregnant or breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous Studies	
		WHERE:	WHEN:
Additional Reports to:		FAX #:	
Referring Physician			
Print	Signature	Date	

Please inform your patient to have their photo ID and insurance card

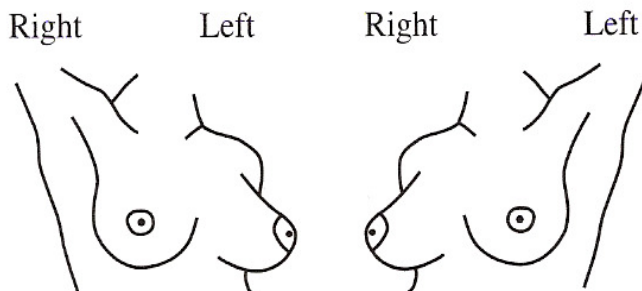
SCREENING MAMMOGRAPHY

Bilateral Left Right

Clinical Information (Check one and illustrate in diagram)

- Baseline Exam
- Asymptomatic Patient/Routine Exam
- Augmentation Implants, no clinical concerns
- Family History, no clinical concerns
- Previous Negative Biopsy, no clinical concerns
- Authorization is given to schedule/proceed to a DIAGNOSTIC MAMMOGRAPHY AND/OR ULTRASOUND as indicated, if further views are clinically warranted.**

Illustrate: 0 = Lump X = Pain



- Localized tenderness
- Palpable lump
- Augmentation implants with clinical concerns
- Previously positive lumpectomy or mastectomy
- Nipple discharge
- Abnormal mammogram follow-up

DIAGNOSTIC MAMMOGRAPHY

Bilateral Left Right

- Authorization is given to schedule/proceed with FURTHER ULTRASOUND workup if needed as determined by the radiologist.**

DEXA BONE DESITOMETRY

Premenopausal Postmenopausal

DIAGNOSTIC BREAST ULTRASOUND

Bilateral Left Right

CLINICAL DIAGNOSIS:

MAUI DIAGNOSTIC IMAGING

www.MDiMaui.com

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