



**JOHNS HOPKINS**  
M E D I C I N E

THE JOHNS HOPKINS HOSPITAL  
600 NORTH WOLFE STREET  
BALTIMORE, MD 21287

**Department of Radiology**  
**MAMMOGRAPHY & ULTRASOUND**

STAMP PATIENT'S IDENTIFICATION OR PRINT CLEARLY

Nursing Unit Clinic Birth Date

J.H.H. History Number

Patient's Name (LAST, FIRST, M.I.)

|  |  |                            |                                   |   |
|--|--|----------------------------|-----------------------------------|---|
| 1 <input type="checkbox"/> Male<br>2 <input type="checkbox"/> Female | <input type="checkbox"/> Routine <input type="checkbox"/> ASAP | DATE                       |                                   |   |
| <input type="checkbox"/> Allergic to Drugs                           | <input type="checkbox"/> On isolation                          | LMP                        | <input type="checkbox"/> Pregnant | Unable to Walk <input type="checkbox"/><br>Stand <input type="checkbox"/> |
| Attending Physician  |  | Ordering Physician (Print) |                                   |   |
| Ordering Physician Signature   |  | Doctor Number              | Phone or Beeper                   |   |

**RADIOLOGY EXAMINATIONS (✓) CHECK EXAMINATIONS REQUESTED**

Transported to Radiology Department By:  Wheelchair  Stretcher

**MAMMOGRAPHY EXAMS**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Screening Mammogram            | <input type="checkbox"/> Right Diagnostic Mammogram | <input type="checkbox"/> Right Breast Ultrasound     |
| <input type="checkbox"/> Bilateral Diagnostic Mammogram | <input type="checkbox"/> Left Diagnostic Mammogram  | <input type="checkbox"/> Left Breast Ultrasound      |
|   |   | <input type="checkbox"/> Bilateral Breast Ultrasound |

**ULTRASOUND EXAMINATIONS**

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Abdomen<br><input type="checkbox"/> RUQ (includes GB, Liver, Pancreas)<br><input type="checkbox"/> Renal<br><input type="checkbox"/> Aorta<br><input type="checkbox"/> Ascites Mark<br><input type="checkbox"/> Thoracentesis Mark<br><input type="checkbox"/> Female Pelvis<br><input type="checkbox"/> Obstetrical<br><input type="checkbox"/> Male Pelvis<br><input type="checkbox"/> Thyroid<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Other: | <input type="checkbox"/> Carotid<br><input type="checkbox"/> Liver Duplex<br><input type="checkbox"/> Renal Doppler<br><input type="checkbox"/> Renal Transplant<br><input type="checkbox"/> Liver Transplant<br><input type="checkbox"/> Pancreas Transplant<br><input type="checkbox"/> Dialysis Graft<br><input type="checkbox"/> Groin | <input type="checkbox"/> Lower Extremity Venous<br><input type="checkbox"/> Right<br><input type="checkbox"/> Left<br><input type="checkbox"/> Bilateral<br><input type="checkbox"/> Upper Extremity Venous<br><input type="checkbox"/> Right<br><input type="checkbox"/> Left<br><input type="checkbox"/> Bilateral<br><br><b>PEDIATRICS</b><br><input type="checkbox"/> Head<br><input type="checkbox"/> Bowel<br><input type="checkbox"/> Spine<br><input type="checkbox"/> Hips | <b>BIOPSIES/PROCEDURES</b><br><input type="checkbox"/> Thyroid<br><input type="checkbox"/> Neck Lymph Node<br><input type="checkbox"/> Liver<br><input type="checkbox"/> Liver Core<br><input type="checkbox"/> Pancreas<br><input type="checkbox"/> Renal Mass<br><input type="checkbox"/> Retroperitoneal Mass<br><input type="checkbox"/> Thoracentesis<br><input type="checkbox"/> Ascites Tap<br><input type="checkbox"/> Transplant<br><input type="checkbox"/> Native Renal<br><input type="checkbox"/> Other: |
|---|--|---|---|

|                                     |   |
|-------------------------------------|---|
| <b>OTHER EXAMINATIONS REQUESTED</b> | <b>CLINICAL DX/RELEVANT CLINICAL FINDINGS</b> |
|-------------------------------------|---|

|                          |                       |                    |                  |                     |
|--------------------------|-----------------------|--------------------|------------------|---------------------|
| <b>ACCESSION NUMBERS</b> | <b>EXAM CODES</b>     | <b>ICD-9 CODES</b> | <b>DEPT CODE</b> | <b>SCHEDULED</b>    |
|                          |                       |                    |                  | <b>ARRIVED</b>      |
|                          | <b>PROCEDURE ROOM</b> | <b>TIME IN</b>     | <b>TIME OUT</b>  | <b>TECHNOLOGIST</b> |
|                          |                       | :                  | :                |                     |