WOMEN'S IMAGING
at Peeples Cancer Institute
1215 Memorial Drive • Dalton, GA 30720

844-PCI-HOPE (724-4673)

Hamilton Medical Center

Appt. Date: _____ Appt. Time: _____ SSN: _____

Patient Name: _____ DOB: _____

Please bring this form, a list of current medications, insurance cards, and photo ID to your appointment.

Mammography Order

_____ Screening _____ Left _____ Right

_____ Diagnostic _____ Left _____ Right

_____ Ultrasound (if necessary) _____ Left _____ Right

(Please do not wear deodorant or talcum powder on the day of exam.)

REQUIRED:

Reason for exam: _____ Diagnosis Code: _____

Ordering Physician Signature: _____# ____ ____ ____. Date: _____ Time: _____

FAX to: 706.529.8060
To SCHEDULE call: 706.272.6565

NOTES:

If the patient schedules their own exam, this form must be presented at the time of appointment.