

Physician Signature:

Affordable Mammograms

atient Name:			DOB:		
 Patient Instructions: Contact the location of your choice. You will pay directly to the facility learn your benefits if you would lied. Take your order to your exam. If you have a Green Imaging radiologist will in referring physician. 	at the time of y ke to use your in ou do not yet h	your exam. Self-p nsurance. ave an order, yo	pay prices are list ur doctor can fill	ted below; call the	ne facility to section below.
	Screening Mammogram	Diagnostic Mammogram	3D Mammogram	Breast Ultrasound	Breast MRI
Medical Clinic of Houston 1701 Sunset Blvd, Houston, 77005 713-526-5511	Insurance patients only	Insurance patients only	-	Insurance patients only	-
Excel Diagnostics 9701 Richmond Ave, Houston, 77042 713-781-6200	\$125 (insurance also accepted)	\$175 unilateral \$200 bilateral (insurance also accepted)	-	\$125 unilateral \$250 bilateral (insurance also accepted)	-
GO Central 3301 S. Shepherd Dr, Houston, 77098 713-524-9190	-	-	-	-	\$450 screening / diagnostic \$350 implant evaluation
Altus Women's Center 1626 W. Baker Rd, Baytown, 77521 281-837-7600	\$125 (insurance also accepted)	\$175 (insurance also accepted)	\$175 (insurance also accepted)	\$125 (insurance also accepted)	-
Referring Physicians: please either give your patient a paper copy of their referral to take with this form, or fill out the section below, which will serve as an official order. Exams Requested: Screening Mammogram Breast Ultrasound Breast MRI – Screening/Diagnostic Diagnostic Mammogram Breast Ultrasound If Needed Breast MRI – Implant Evaluation Breast MRI – Implant Evaluation Scomments:					
Clinical Information/Diagnosis:					
Ordering Physician Information: Name:	Pho	ne:	Fax:		

Date: