



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Patient Instructions:

- Contact the location of your choice and tell them you are a Green Imaging patient who would like to be scheduled. You will pay directly to the facility at the time of your exam. Self-pay prices are listed below; call the facility to learn your benefits if you would like to use your insurance.
- Take your order to your exam. If you do not yet have an order, your doctor can fill out and sign the section below.
- A Green Imaging radiologist will interpret your exam and the imaging facility will fax the results directly to your referring physician.

	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 713-874-0111	-	-	-	-	\$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  
 3D Mammogram

Comments: \_\_\_\_\_

Clinical Information/Diagnosis: \_\_\_\_\_

### Ordering Physician Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_