

Patient Name: _____ Male Female DOB: _____

Patient Phone (REQUIRED): _____ Date: _____

Provider Signature: _____ Provider Name (print): _____

Indication/Dx: _____ STAT: Yes No # Call STAT results to: _____

XRAY: _____

Other Imaging: _____

CT Scan/Specify Contrast:

IV CONTRAST (circle):

Radiologist discretion

W W/O W+W/O

- Abdomen
- Abdomen & Pelvis
- Head
- Orbits
- Neck (soft tissue)
- Chest
- Chest (Low Dose Cancer Screen)
- Cardiac Calcium Score
- Liver Routine
- Liver Multiphase
- Pancreas
- Enterography
- Pelvis
- Renal
 - Stone (No contrast)
 - IVP (3 Phase)
 - Renal Mass
- Sinus (Maxillofacial)
- Facial Bones
- Temporal Bones (IAC's)
- Spine: (Check One)
 - Cervical
 - Thoracic
 - Lumbar
 - Myelogram: YES or NO
- Joint/Extremity: _____

Arthrogram: YES or NO

 - Right
 - Left
 - Bilateral

CT Angiography:

- CTA Head
- CTA Neck
- CTA Chest Angiogram (PE)
- CTA Aorta
- CTA Abdomen
- CTA Pelvis
- CTA Abdomen/Pelvis w run offs
- CTA Upper Extremity L R
- CTA Lower Extremity L R

MRI/Specify Contrast:

IV CONTRAST (circle):

Radiologist discretion

W W/O W+W/O

- Brain
- IAC's
- Pituitary
- Orbits
- Soft Tissue Neck
 - Suprahyoid
 - Infrahyoid
- Spine
 - Cervical
 - Thoracic
 - Lumbar
- Abdomen
 - MRCP
 - Liver
 - Other: _____
- Pelvis
 - Musculoskeletal
 - Female
 - Male/Prostate
- Joint: _____

Arthrogram: YES or NO

 - Right
 - Left
 - Bilateral
- Extremity: _____
 - Right
 - Left
 - Bilateral

MR Angiography:

- Head
- Neck/Carotids
- Thoracic Aorta
- Abdominal
- Extremity: _____

Bone Density/DEXA:

- Screening
- Full Body Composition

Ultrasound

- Abdomen (complete)
- Abdomen (limited)
 - RUQ
 - LUQ
 - Other: _____
- Gallbladder
- Kinevac (replaces HIDA scan)
- Pelvic Complete: TA TV TA/TV
- Pelvic Limited: _____
- Renal/Bladder-includes post void residual
- Retroperitoneal Complete
- Soft Tissue Neck _____
- Thyroid
- Scrotal
- Soft Tissue: (specify) _____

OB Ultrasound:

- 1st Trimester (TV if needed)
- 2nd Trimester (w/Fetal Anatomic Scan)
- Complete OB
- Limited OB: _____
- OB Follow Up
- 4D
- Gender Check
- Other: _____

Vascular Ultrasound:

- AAA Screening
- Carotid Arteries
- Upper Extremity
 - Venous: L R Bilateral
- Lower Extremity
 - Venous: L R Bilateral

Breast Imaging:

- Mammography 3D
 - Screening
 - Diagnostic L R Bilateral
- Breast Ultrasound L R Bilateral
- US Breast Biopsy L R Bilateral
- Axilla Ultrasound L R Bilateral

Please send Copy of Insurance Card and Demographics