

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 Multphase
- 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:**

- 1<sup>st</sup> Trimester (TV if needed)
- 2<sup>nd</sup> 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

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