

Patient Name _____ DOB _____ ☐ Male ☐ Female

Patient Phone _____ Patient Email _____ ☐ NKA or Allergies: _____

Authorization/Claim/Notification # _____ BUN/CREATININE: _____

Referring Physician _____ Physician Phone _____

Physician Signature _____ Deliver Images Via: ☐ CD ☐ FAX: _____

Exam Date _____ Exam Time _____ ☐ EMAIL: _____

Clinical History/Diagnosis _____ Additional Report to: _____

Special Instructions _____

High Field 1.5 Widest Bore MRI

- ☐ With Contrast ☐ Without Contrast
☐ Both ☐ Per Radiologist
- PROVIDE CREATININE LEVEL ON CONTRAST EXAMS**
- ☐ Brain
☐ Orbits
☐ Brain w/Orbits
☐ IAC's
☐ TMJ
☐ Pituitary
☐ Soft Tissue Neck
☐ Chest
☐ Brachial Plexus
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Abdomen
☐ Abdomen w/ & w/o contrast - Adrenal Protocol
☐ Liver Imaging w/ EOVIST Contrast
☐ MRCP
☐ Renals
☐ Urography - Abdomen & Pelvis
☐ Pelvis - Prostate
☐ Pelvis w/ & w/o contrast - Uterine Fibroid
☐ Pelvis - Routine
☐ Pelvis - Dynamic

MR ANGIOGRAPHY

- PROVIDE CREATININE LEVEL**
- ☐ Brain (COW) w/o contrast
☐ Arch w/Carotid w & w/o contrast
☐ Chest w & w/o contrast
☐ Abdomen w & w/o contrast
☐ Pelvis w & w/o contrast
☐ Renals (w/MRI) w & w/o contrast
☐ MRA Run Off to include Pelvis & Lower Extremity w & w/o contrast
☐ MR Venography

Special Exams

- ☐ Hysterosalpingogram
☐ Joint Injection _____
☐ Lumbar Puncture
☐ Thoracentesis - ☐ R ☐ L
☐ Paracentesis
☐ Biopsy _____
☐ Drainage _____
☐ Radiologist to determine guidance method for Biopsy/Drainage
☐ Consult
☐ Vascular Access - ☐ PICC ☐ Port ☐ Tunneled Cath.
☐ Catheter Check/Clearance
☐ IVC Filter

CT SCAN

- ☐ With Contrast ☐ Without Contrast
☐ Both ☐ Per Radiologist
- PROVIDE CREATININE LEVEL ON CONTRAST EXAMS**
- ☐ Brain
☐ Temporal Bones /IACS/Mastoids
☐ Facial Bones
☐ Orbits
☐ Sinus Maxillofacial
☐ Sinus Coronal (limited)
☐ Soft Tissue Neck
☐ Chest/Thorax w/o contrast (pulmonary nodule follow-up)
☐ Chest / Thorax - high resolution
☐ Abdomen & Pelvis
☐ Abdomen
☐ Pelvis
☐ Enterography Protocol
☐ Kidney Stone Protocol - Abdomen & Pelvis
☐ Urography Protocol - Abdomen
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Other _____

CT ANGIOGRAPHY

- ALL CTAs INCLUDE IV CONTRAST**
PROVIDE BUN/CREATININE
- ☐ Brain (COW)
☐ Carotids
☐ Chest
☐ Chest PE Protocol
☐ Aorta Thoracic
☐ Thoraco-Abdominal (Dissection)
☐ Abdominal Aorta
☐ Renal Transplant Evaluation
☐ Renal Arteries
☐ Pelvis
☐ Abdominal Aorta w/Runoff
☐ Upper Extremity
☐ Lower Extremity (to include Pelvis)

Vein Care

- ☐ Insufficiency Ultrasound
☐ Endovenous Laser Ablation
☐ Phlebectomy
☐ Sclerotherapy

Other Exams Not Listed

XRAY

- ☐ Skull
☐ Facial
☐ TMJ
☐ Orbits
☐ Sinus
☐ Sinus/Waters 1view
☐ Nasal Bones
☐ Soft Tissue Neck
☐ Chest (CXR)
☐ Abdominal Series
☐ KUB
- ☐ C Spine Limited
☐ C Spine Complete w/Oblique and Flex/Ext
☐ T Spine
☐ L Spine
☐ L Spine Complete w/Flex/Ext
☐ Scoliosis
☐ Pelvis
☐ SI Joints
☐ Sacrum/Coccyx
☐ Other _____

Extremities: ☐ MRI ☐ CT ☐ XRAY

- Upper Extremities: ☐ Shoulder ☐ R ☐ L ☐ Bi ☐ Arthrogram
☐ Humerus ☐ R ☐ L ☐ Bi ☐
☐ Elbow ☐ R ☐ L ☐ Bi ☐ Arthrogram
☐ Forearm ☐ R ☐ L ☐ Bi ☐
☐ Wrist ☐ R ☐ L ☐ Bi ☐ Arthrogram
☐ Hand ☐ R ☐ L ☐ Bi ☐
- Lower Extremities: ☐ Hip ☐ R ☐ L ☐ Bi ☐ Arthrogram
☐ Femur ☐ R ☐ L ☐ Bi ☐
☐ Knee ☐ R ☐ L ☐ Bi ☐ Arthrogram
☐ Lower Leg (tib/fib) ☐ R ☐ L ☐ Bi ☐
☐ Ankle ☐ R ☐ L ☐ Bi ☐ Arthrogram
☐ Foot ☐ R ☐ L ☐ Bi ☐

Ultrasound

- ☐ Thyroid
☐ Breast
☐ Abdominal Total
(Pancreas, Liver, GB, Kidney, Aorta, IVC, Spleen)
☐ Retro-peritoneal
☐ Kidney/Bladder
☐ GB/Pancreas Liver (RUQ)
☐ Spleen (Left Upper Quadrant)
- ☐ Renal Transplant w/Doppler
☐ Pelvic Transabdominal
☐ Pelvic w/Transvaginal
☐ OB Transabdominal
☐ OB w/Transvaginal
☐ Testicular Sono w/Doppler
☐ Appendix
☐ Bladder

Vascular Ultrasound

- ☐ Carotid Doppler
☐ Arterial Doppler w/ABI
Lower Extremity:
☐ Bilateral
☐ Unilateral ☐ R ☐ L
Upper Extremity:
☐ Bilateral
☐ Unilateral ☐ R ☐ L
☐ Aorta
☐ Renal Arterial Doppler
☐ SMA Doppler
☐ Liver Doppler
- ☐ Venous Doppler
Lower Extremity:
☐ Bilateral
☐ Unilateral ☐ R ☐ L
Upper Extremity:
☐ Bilateral
☐ Unilateral ☐ R ☐ L
☐ Venous Insufficiency

SUBMIT FORM