***Patient Signs/Symptoms:***

(**Do NOT use R/O)**

***Referring Provider Information***

Name:   
Office #:   
Fax #:   
Signature:

***Insurance Information***

Insurance:   
Policy #:   
Phone #:

Authorization #:

CPT Code:

***Patient Information***

Name:   
Phone:   
DOB:   
Height:   
Weight:

**X-Ray**

**Chest/Abdomen/Pelvis**

Chest 1v 2v

Ribs L R Bilateral

Abdomen 2v Add PA Chest

KUB 1v

Pelvis

Hip L R Bilateral

**Spine/Neck**

C-Spine add Flex/Ext

T-Spine

Thoracolumbar

L-Spine add Flex/Ext

**Extremities**

Extremity (Area? )

* Left
* Right

**Breast Imaging**

Screening 2D & 3D Mammography

Diagnostic 2D & 3D Mammography

* Left Right Bilateral

Breast Ultrasound Complete

* Left Right Bilateral

Breast Ultrasound Limited

* Left Right Bilateral

Ultrasound Guided Breast Biopsy

* Left Right Bilateral

**Echocardiography**

Echo Complete w/Doppler

Echo Limited

Doppler Limited

Echo Congenital Complete

**Fluoroscopy**

**(With Radiologist)**

Arthrogram (Type? \_\_\_\_\_\_\_\_\_\_\_\_)

Injections (Type? )

Barium Enema

Esophagram

Small Bowel

UGI Add Small Bowel Follow Through

**Speech Therapy**

Modified Barium Swallow

**Ultrasound**

Breast (with radiologist)

* Left
* Right

Paracentesis (with radiologist)

Thoracentesis (with radiologist)

Biopsy (with radiologist)

Abdomen/GB/Liver

Aorta

Renal

Renal Artery

OB

Biophysical Profile

Pelvis & Transvaginal Non-OB

Testicular/Scrotum

Thyroid

Carotids

Extremity

* Left Right
* Upper Lower
* Venous Arterial
* Non-Vascular

**OTHER Ultrasound:**

**Bone Density Scan**

DEXA

Spine Fracture Analysis

**MRI**

**Abdomen/Pelvis**

Abdomen

* Without IV Contrast
* With IV Contrast
* With & Without IV

Pelvis

* Without IV Contrast
* With & Without IV

MRCP

Liver

Kidney

**Spine**

Spine C T L

* Without IV Contrast
* With & Without IV

**Brain**

Brain

* Without IV Contrast
* With & Without IV

Pituitary (with & without IV)

IAC (with & without IV)

**Extremities**

Extremity (Area? )

* Left
* Right
* Without IV Contrast
* With IV Contrast
* With & Without IV

**MRA (without IV contrast)**

MRA Head

MRA Carotids

**Special Instructions:**

**CT**

**Chest/Abdomen/Pelvis**

Chest

* Without IV Contrast
* With IV Contrast
* High Resolution (without IV)
* Add T-Spine Recons to Chest

Abdomen (oral contrast YES NO)

* Without IV Contrast
* With IV Contrast
* Add L-Spine Recons to Abd

Pelvis (oral contrast YES NO)

* Without IV Contrast
* With IV Contrast

KUB (Renal Stones Study)

IVP (Ureteral Blockage)

Multiphase Liver

**Spine/Neck**

Spine C T L

Soft Tissue Neck (requires contrast)

**Face/Skull/Brain**

Brain/Head

* Without IV Contrast
* With & Without IV

Sinuses

Maxillofacial

Orbits

**Extremities**

Extremity (Area? )

* Left
* Right

**Biopsy**

Needle Biopsy (with radiologist)

**CTA (require contrast)**

CTA (Area? )

**Other**

Write unlisted exam below