***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