Shoshone MEDICAL CENTER
25 Jacobs Gulch, Kellogg, Idaho, 83837 * 208-784-1221

Outpatient Radiology Order Form

Version No.: 2

Patient Name:	DOB:	Patient Phone #:	To Schedule: Phone: (208) 784-1384
Insurance/Policy #:	Insurance Phone #:	2nd Insurance/Policy #:	2nd Insurance Phone #:
Patient Signs/Symptoms: *(DO NOT USE R/O)*	Ordering Provider: FAX #:	Pre-Auth Required: □ Yes □ No *Approval #:*	Fax Completed Form to: Fax: (208) 784-8761

X-RAY: CRANIAL
- □ Facial Bones
- □ Mandible
- □ Nasal Bones
- □ Sinuses
- □ Skull
- □ Eye Foreign Body

X-RAY: THORAX
- □ Chest 1v
- □ Chest 2v
- □ Ribs R:___ L:___ Bilat:___
- □ Sternum

X-RAY: SPINE
- □ Soft Tissue Neck
- □ C-Spine 2-3 v
- □ C-Spine Complete
- □ C-Spine Comp w Flex/Ext
- □ T-Spine 2v
- □ T-Spine 3v
- □ Thoracolumbar (T/L)
- □ L-Spine 2-3v
- □ L-Spine Complete
- □ L-Spine Comp w Flex/Ext
- □ Sacrum/Coccyx

X-RAY: ABDOMEN
- □ KUB 1v
- □ Abd 2v (flat & upright)
- □ Acute Abd Series (2V ABD+PA Chest)

X-RAY: UPPER EXTREMITIES
- □ Finger R:___ L:___ Bilat:___
  □ 1st □ 2nd □ 3rd □ 4th □ 5th
- □ Hand R:___ L:___ Bilat:___
- □ Wrist R:___ L:___ Bilat:___
- □ Forearm R:___ L:___ Bilat:___
- □ Elbow R:___ L:___ Bilat:___
- □ Humerus R:___ L:___ Bilat:___
- □ Shoulder R:___ L:___ Bilat:___
- □ Clavicle R:___ L:___ Bilat:___
- □ AC Joints (Done Bilat)
- □ SC Joints (Sternoclavicular)

X-RAY: LOWER EXTREMITIES
- □ Toe R:___ L:___ Bilat:___
  □ 1st □ 2nd □ 3rd □ 4th □ 5th
- □ Foot R:___ L:___ Bilat:___
- □ Calcaneus R:___ L:___ Bilat:___
- □ Ankle R:___ L:___ Bilat:___
- □ Tib/Fib R:___ L:___ Bilat:___
- □ Knee R:___ L:___ Bilat:___
- □ Femur R:___ L:___ Bilat:___
- □ Hip R:___ L:___ Bilat:___
- □ Pelvis
- □ SI Joints

FLUORO
- □ Joint Injection
  Location: _____
- □ *Barium Enema
- □ *Esophagram
- □ *Sm Bowel F/Thru
- □ *UGI
- □ *UGI w/ SBFT

DEXA
- □ Bone Density

ULTRASOUND
- □ Abdomen/GB/Liver
- □ Aorta
- □ Renal (Kidney)
- □ Renal Artery
- □ OB
- □ Biophysical Profile
- □ Pelvis Non-OB / Transvag
- □ Testicular / Scrotum
- □ Thyroid
- □ Carotids
- □ *Paracentesis /*Thoracentesis
- □ *US Guided Biopsy:
- □ Upper Ext Venous (DVT) R:___ L:___
- □ Upper Ext Arterial R:___ L:___
- □ Upper Ext Non-Vascular R:___ L:___
- □ Lower Ext Venous (DVT) R:___ L:___
- □ Lower Ext Arterial R:___ L:___
- □ Lower Ext Non-Vascular R:___ L:___

CT SCAN
- □ Abdomen w/o
- □ Abdomen w/ IV
- □ Abdomen w/o & w/ IV
- □ Chest w/o
- □ Chest w/ IV
- □ Chest w/o & w/ IV
- □ Brain w/o
- □ Brain w/o & w/ IV
- □ C- Spine w/o
- □ T-Spine w/o
- □ L-Spine w/o
- □ Pelvis w/o
- □ Pelvis w/ IV
- □ Pelvis w/o & w/ IV
- □ Max Facial w/o (Sinuses)
- □ Max facial w/ IV
- □ Soft Tissue Neck w/ IV
- □ Orbits w/ IV
- □ *Needle Biopsy:
- □ KUB (Renal Stones)
- □ IVP w/o & w/ IV (Stones)
- □ Multiphase Liver
- □ Upper Extremity R:___ L:___
- □ Lower Extremity R:___ L:___
- □ Arthrogram R:___ L:___
  Location: _____
- □ Myellogram
  Location: _____
- □ ORAL CONTRAST

CT ANGIO	CPT
□ Abdomen Runoff (AAA)	75635
□ Angio Chest (PE Study)	71275
□ Angio Brain	70496
□ Angio Neck	70498
□ Lower Extremity Runoff	73706

R:___ L:___ Bilat:___

MRI
- □ Abdomen w/o
- □ Abdomen w/o & w/ IV
- □ MRCP
- □ Liver
- □ Kidney
- □ Brain w/o
- □ Brain w/o & w/ IV
- □ IAC w/o & w/ IV
- □ Intra (COW) w/o
- □ Extra (Carotids) w/o
- □ Pituitary w/o & w/ IV
- □ Pelvis w/o
- □ Pelvis w/o & w/ IV
- □ C-Spine w/o
- □ C-Spine w/o & w/ IV
- □ T-Spine w/o
- □ T-Spine w/o & w/ IV
- □ L-Spine w/o
- □ L-Spine w/o & w/ IV
- □ Bone Marrow Survey
- □ Hip R:___ L:___
- □ Knee R:___ L:___
- □ Ankle R:___ L:___
- □ Foot w/o R:___ L:___
- □ Foot w/o & w/ IV R:___ L:___
- □ Shoulder R:___ L:___
- □ Humerus R:___ L:___
- □ Elbow R:___ L:___
- □ Wrist R:___ L:___
- □ Hand R:___ L:___
- □ Arthrogram R:___ L:___
  Location: _____

Provider Signature: □ MD/DO □ PA-C □ NP

Signature Date Time