

Date:	ICD-10:
Patient:	Insurance:
DOB:	Group #:
Home Phone:	ID:
Cell Phone:	THIS ORDER IS: <input type="checkbox"/> Routine <input type="checkbox"/> ASAP <input type="checkbox"/> STAT

Physician:
Phone:
Fax:
Send CD w/ Patient? <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Signature:</b>

Clinical History/Diagnosis:

**MRI - NEURO**

RX for Oral Valium  IV Sedation on Site

Brain wo w/wo

TIA Protocol (Brain MRI, MRA Head/Neck) wo w/wo

Brain - Seizure Protocol wo w/wo

Brain - MS Protocol w/wo

Brain & IACs w/wo

Brain & Pituitary/Sella w/wo

Brain & Orbits w/wo

Skull Base Protocol w/wo

Soft Tissue Neck wo w/wo

Maxillofacial/Sinuses wo w/wo

Brachial Plexus  R  L  R/L wo w/wo

TMJ wo

**MRI - SPINE**

RX for Oral Valium  IV Sedation on Site

Cervical wo w/wo

Thoracic wo w/wo

Lumbar wo w/wo

Total Spine or Cord Survey wo w/wo

**Add Comparison X-Ray (Recommended)**

**MRI - BODY**

RX for Oral Valium  IV Sedation on Site

Chest (Soft tissues, clavicles, rib lesions) w/wo

Abdomen, w/ and w/o contrast

Liver/Spleen  Adrenal

Kidney/Renal  Pancreas

Other \_\_\_\_\_

Abdomen, w/o contrast

Liver  Adrenal

Other \_\_\_\_\_

MRCP (Biliary, GB, Pancreas Ducts) wo w/wo

Pelvis wo w/wo

Ovaries  Uterus  General Soft Tissues

**MRA/MRV**

RX for Oral Valium  IV Sedation on Site

Abdominal Aorta w/ Contrast

Thoracic Aorta w/ Contrast

Head/COW w/o Contrast

Neck/Carotid/Vert w/wo Contrast

Renal Arteries w/ Contrast

Venous Sinuses (Intracranial) w/wo

**OTHER**

Please detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MSK/JOINT EXTREMITY**

RX for Oral Valium  IV Sedation on Site

**MRI or CT**

**R L B/L**

Shoulder wo w w/wo

Humerus wo w w/wo

Elbow wo w w/wo

Forearm wo w w/wo

Wrist wo w w/wo

Hand or Thumb wo w w/wo

Hip wo w w/wo

SI Joints wo w w/wo

Femur wo w w/wo

Knee wo w w/wo

Tibia/Fibula wo w w/wo

Ankle/Hind Foot wo w w/wo

Foot/Toes wo w w/wo

**Add Comparison X-Ray (Recommended for MRI)**

**CT - NEURO**

Brain/Head wo w/wo

Sinuses  ENT Fusion wo w w/wo

Soft Tissue Neck wo w w/wo

Maxillofacial w/ 3D wo w w/wo

Orbits w/ 3D wo w w/wo

Temporal Bones wo w w/wo

Spine w/ 3D wo w w/wo

Cervical  Thoracic  Lumbar

Sacrococcygeal wo w w/wo

**CT - BODY**

Chest (Standard, non PE) wo w w/wo

CT Heart Coronary Calcium Scoring

Chest - Low Dose Lung CA Screen

Renal Stone Abdominal/Pelvis

Parathyroid CT Neck 4D w/wo

Abdomen & Pelvis - General wo w w/wo

Abdomen Only (No Pelvis) - General wo w w/wo

Abdomen & Pelvis - Multiphasic w/wo

Urogram  Pancreas  Liver/Spleen

Kidney/Renal  Adrenal

Other \_\_\_\_\_

Abdomen Only (No Pelvis) - Multiphasic w/wo

Pancreas  Liver/Spleen  Kidney/Renal

Adrenal  Other \_\_\_\_\_

**CTA w/ CONTRAST**

Head/COW

Neck/Carotids

PE Protocol - Chest

Thoracic Aorta

Abdominal Aorta

Aorta w/ LE Runoff

Upper Extremity  R  L

Lower Extremity  R  L

**ULTRASOUND**

Abdominal, Complete w/ Doppler

Abdomen Only

RUQ, Liver/GB w/ Doppler

RUQ, Liver/GB

Kidney/Renal, Complete w/ Doppler

Renal US

Renal Doppler w/ Retroperitoneal US

Arterial Doppler

Lower Extremity w/ ABI

Upper Extremity  R  L  Bilateral

Carotid Doppler

Screening Carotid IMT

Screening Aortic/AAA

Lower Extremity Venous Doppler

R  L  B/L

Upper Extremity Venous Doppler

R  L  B/L  Neck/IJ Only

OB - Early < 14 weeks

Pelvic, Complete TA/TV w/ Doppler

Pelvic, Limited w/ Doppler

TA Only  TV Only

Bladder US

Testicular/Scrotal US w/ Doppler

Thyroid US

Soft Tissue Neck (Lymph node, palpable mass, etc.)

Soft Tissue - Other \_\_\_\_\_

Musculoskeletal (Swelling, foreign body, bursitis, etc.)

Site: \_\_\_\_\_

**X-RAY**

CXR PA/Lateral

Abdominal Series  KUB Only

Spine

Cervical  Thoracic  Lumbar

MSK/Ortho Site: \_\_\_\_\_

Other X-Ray \_\_\_\_\_

**INTERVENTIONAL RADIOLOGY**

Radiology Clinical Consultation

Image-Guided Biopsy

Site: \_\_\_\_\_

Image-Guided Joint Injection

Site: \_\_\_\_\_

Fluoro + MR Arthrogram

Site: \_\_\_\_\_

Fluoro + CT Arthrogram

Site: \_\_\_\_\_

Fluoro Guided LP

Add Opening Pressure

Fluoro + CT Myelogram

Site: \_\_\_\_\_

Other \_\_\_\_\_