

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Appointment Time: \_\_\_\_ : \_\_\_\_

Medical Plan:  Medicare  Blue Cross  Blue Shield  Aetna  CIGNA  HealthNet  P.I.  Other \_\_\_\_\_

Diagnosis and Clinical History (mandatory): \_\_\_\_\_

Prior Studies (of the same body part): \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_ Physician Fax #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Referring Physician Signature: \_\_\_\_\_

**CONTRAST STUDIES: PATIENTS OVER 55 OR HISTORY OF DIABETES, KIDNEY DISEASE MUST PROVIDE RECENT BUN AND CREATININE LEVELS**

**MRI**

Without Contrast  With & Without Contrast  Per Radiologist's Discretion \_\_\_\_\_

**↑ HEAD/NECK**

- Brain
- Pituitary
- IAC's
- Orbits
- Facial/Sinuses
- TMJs
- Soft Tissue Neck

**↑ SPINE**

- C-spine
- T-spine
- L-spine
- Sacrum/Coccyx
- Brachial Plexus
- R O L O B O

**↑ EXTREMITIES**

- Shoulder R O L O B O
- Elbow R O L O B O
- Wrist R O L O B O
- Hand R O L O B O
- Hip R O L O B O
- Knee R O L O B O
- Ankle R O L O B O
- Foot R O L O B O

**↑ BODY**

- Chest
- Abdomen
- Pelvis
- MRCP
- Arthrogram
- Other \_\_\_\_\_

**↑ VASCULAR (MRA)**

- Brain (COW)
- Neck (Carotids)
- Aorta
- Renal
- Runoff (Abdomen, Pelvis Lower Extremities)

**CT**

Without Contrast  With IV Contrast  With Oral Contrast

**↑ HEAD/NECK**

- Head
- Sinus
- Orbits
- Facial Bones
- ST Neck
- Dental Scan
  - Mandible
  - Maxilla

**↑ SPINE**

- C-spine
- T-spine
- L-spine
- Sacrum/Coccyx

**↑ EXTREMITIES**

- Shoulder R O L O B O
- Elbow R O L O B O
- Wrist R O L O B O
- Hand R O L O B O
- Hip R O L O B O
- Knee R O L O B O
- Ankle R O L O B O
- Foot R O L O B O
- Other \_\_\_\_\_

**↑ BODY**

- Chest
- Abdomen
- Pelvis
- Cardiac Calcium Score (No Contrast)

**↑ VASCULAR (CTA)**

- CTA Chest
- CTA Head (COW)
- CTA Neck (Carotids)
- CTA Abdomen (Renals)
- CTA Cardiac (Coronary)
- CTA Run Off (Abd/Pel/L Extrem)

**ULTRASOUND**

- Abdomen
- Female Pelvis
- Male Pelvis (Prostate)
- Renal (Kidney)
- Bladder
- Scrotum
- Soft Tissue
- Thyroid
- Other \_\_\_\_\_

**↑ VASCULAR**

- Arterial Upper R O L O B O
- Arterial Lower R O L O B O
- Venous Upper R O L O B O
- Venous Lower R O L O B O
- Carotid

**↑ CARDIAC**

- 2D Echo Cardiogram w/M Mode & Doppler

**X-RAY**

FLEX/EXT  OBLIQUE  WEIGHT/BEARING

**↑ HEAD**

- Skull
- Facial
- Sinuses
- S.T. Neck

**↑ SPINE**

- C-Spine
- T-Spine
- L-Spine
- Sacrum/Coccyx

**↑ EXTREMITY**

- Shoulder R O L O B O
- Humerus R O L O B O
- Elbow R O L O B O
- Forearm R O L O B O
- Wrist R O L O B O
- Hand R O L O B O

- Hips R O L O B O
- Femur R O L O B O
- Knee R O L O B O
- Tib/Fib R O L O B O
- Ankle R O L O B O
- Feet R O L O B O

**↑ BODY**

- Chest
- Abdomen
- Pelvis
- Ribs R O L O B O
- Other \_\_\_\_\_

**BONE DENSITOMETRY**

- Bone Density (Dexa) Hip & L-Spine
  - Osteoporosis
  - Vertebral Fracture Assessment

**SPECIAL INSTRUCTIONS**

From Doctor \_\_\_\_\_

**PHYSICIANS: CONTACT US TO SET UP ELECTRONIC VIEWING OF IMAGES**

**SELECT ONE**

Report Only  Report w/CD  Report w/Films  Fax Report to # \_\_\_\_\_

Stat Reports, Phone # to Call: \_\_\_\_\_ or Email: \_\_\_\_\_