

Patients Name: _____ **DOB:** _____ **SEX** M F

Patient Contact #: _____ **Height:** _____ **Weight:** _____

Physician: _____ **Office Phone #:** _____ **Fax #:** _____

ICD10 Code(s): _____ **Clinical Information:** _____

*****Please send all demographics & Clinical Notes with order.**

Radiology

- | | | | | |
|--|--|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Chest 2 V | <input type="checkbox"/> C-Spine Ap Lat Odon | <input type="checkbox"/> Humerus | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Right |
| <input type="checkbox"/> Ribs | <input type="checkbox"/> C-Spine Flex Ext | <input type="checkbox"/> Elbow | <input type="checkbox"/> Femur | <input type="checkbox"/> Left |
| <input type="checkbox"/> Abdomen 1 V | <input type="checkbox"/> T-Spine Ap Lat Swimmers | <input type="checkbox"/> Forearm | <input type="checkbox"/> Knee | <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> Abdomen 2 V | <input type="checkbox"/> L-Spine Ap Lat Spot | <input type="checkbox"/> Wrist | <input type="checkbox"/> Tib/Fib | |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> L-Spine Flex Ext | <input type="checkbox"/> Hand | <input type="checkbox"/> Ankle | |
| <input type="checkbox"/> AC Joints | <input type="checkbox"/> L-Spine Obliques | <input type="checkbox"/> Finger | <input type="checkbox"/> Foot | |
| <input type="checkbox"/> Scoliosis Study | <input type="checkbox"/> | <input type="checkbox"/> Hip | <input type="checkbox"/> | |

CT

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Oral Contrast | <input type="checkbox"/> w/o Contrast | <input type="checkbox"/> w/ IV Contrast per PROTOCOL | <input type="checkbox"/> w/o & w/ IV Contrast per PROTOCOL | |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Chest ** See Below | <input type="checkbox"/> C-Spine | <input type="checkbox"/> CTA Head (COW) | <input type="checkbox"/> CTA Abd Aorta |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Hi Res Chest | <input type="checkbox"/> T-Spine | <input type="checkbox"/> CTA Neck (Carotid) | <input type="checkbox"/> CTA Thor Aorta |
| <input type="checkbox"/> Temporal Bones | <input type="checkbox"/> Abdomen & Pelvis | <input type="checkbox"/> L-Spine | <input type="checkbox"/> CTA Chest | <input type="checkbox"/> CTA Abd |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Extremity | <input type="checkbox"/> CTA Runoff | <input type="checkbox"/> CTA Extremity |
| <input type="checkbox"/> Facial Bones | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Right <input type="checkbox"/> Left | | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| <input type="checkbox"/> Soft Tissue Neck | | <input type="checkbox"/> | | |

** Per ACR Appropriateness Criteria, CT Chest Exams should only be performed without contrast OR with contrast , not a combination**

MRI

- | | | | | |
|---|--|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> w/o IV Contrast | <input type="checkbox"/> w/o & w/ IV Contrast per PROTOCOL | | | |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> Hip | <input type="checkbox"/> Pelvis | <input type="checkbox"/> MRA Brain (COW) |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Sacral Plexus | <input type="checkbox"/> Femur | <input type="checkbox"/> Sacrum | <input type="checkbox"/> MRA Neck (Carotid) |
| <input type="checkbox"/> IAC's | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Knee | | <input type="checkbox"/> MRA Chest |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Humerus | <input type="checkbox"/> Tib/Fib | <input type="checkbox"/> Right | <input type="checkbox"/> MRA Abd |
| <input type="checkbox"/> Neck (Soft Tissue) | <input type="checkbox"/> Elbow | <input type="checkbox"/> Ankle | <input type="checkbox"/> Left | <input type="checkbox"/> MRA Runoff |
| <input type="checkbox"/> C-Spine | <input type="checkbox"/> Forearm | <input type="checkbox"/> Foot | <input type="checkbox"/> Bilateral | <input type="checkbox"/> MRA Extremity |
| <input type="checkbox"/> T-Spine | <input type="checkbox"/> Wrist | <input type="checkbox"/> Abdomen | | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> L-Spine | <input type="checkbox"/> Hand | <input type="checkbox"/> MRCP | <input type="checkbox"/> | <input type="checkbox"/> MRV |

Fluoroscopy/Special Procedures

Ultrasound

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Esophagram | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Renal | <input type="checkbox"/> Up Ext <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> UGI | <input type="checkbox"/> RUQ (Abd Limited) | <input type="checkbox"/> Superficial Tissues | <input type="checkbox"/> Veins <input type="checkbox"/> Arteries |
| <input type="checkbox"/> Small Bowel | <input type="checkbox"/> Abdomen Complete | | <input type="checkbox"/> Low Ext <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Myelogram _____ | <input type="checkbox"/> Pelvic | <input type="checkbox"/> Carotid | <input type="checkbox"/> Veins <input type="checkbox"/> Arteries |
| <input type="checkbox"/> Arthrogram _____ | <input type="checkbox"/> w/ Transvaginal | <input type="checkbox"/> Abdominal Aorta | <input type="checkbox"/> Cyst Aspiration |
| <input type="checkbox"/> Joint Injection _____ | (if needed) | <input type="checkbox"/> Dialysis Graft | <input type="checkbox"/> FNA |
| ESI | <input type="checkbox"/> Testicular/Scrotal | <input type="checkbox"/> Liver | <input type="checkbox"/> Paracentesis |
| <input type="checkbox"/> Lumbar | | w/hepatic & portal veins | <input type="checkbox"/> |
| <input type="checkbox"/> Cervical | | | |

Physician Signature: _____ **Date:** _____

Authorization #: _____

Send CD w/ patient

STAT Order

Contact # for STAT results: _____