



Appt. Date _____ Time: _____

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Imaging by Specialists

EXAM ORDER FORM

Name _____ DOB _____ Insurance Company _____

Phone _____ Member ID# _____ Pre-cert # (if needed) _____

Reason for Exam _____ Person filling out order _____

Referring Physician _____ () Call Report () Hold Patient; call report _____

MRI:

TABLE LIMIT OF 550 POUNDS

- Brain IAC
- Pituitary
- Orbit/Face/Neck
- Abdomen: specify _____
- MRCP
- C-spine T-spine
- L-spine
- Sacrum/SI joints
- Pelvis (please circle)
Bone Soft tissue
- Neck (soft tissue)
- Knee RT LT
- Hip RT LT
- Shoulder RT LT
- Ankle RT LT
- Foot RT LT
- Wrist RT LT
- Elbow RT LT
- Other ext: _____
- Soft Tissue Mass:
specify _____

MR EXTREMITY ARTHROGRAM:

- Shoulder RT LT
- Hip RT LT
- Wrist RT LT
- Elbow RT LT
- Knee RT LT
- Ankle RT LT

MRA'S:

- MRA Brain MRA Carotid
- MRA Renal
- MRA Abdominal Aorta
- MRA Thoracic Aorta
- MRA Upper Ext.
- MRA Lower Ext.

MRV:

- MRV Sagittal sinus

CT:

TABLE LIMIT OF 450 POUNDS

- Head
- Soft tissue Neck

- Sinus (please circle)
Limited Coronal
Coronal Sinus Full Sinus
- High Res Chest
- Chest
- PE Study
- Abdomen Pelvis
- Abdomen / Pelvis
- Kidneys only
- Renal Stone Prot. (kidney, ureters, bladder)
- Extremity RT LT
specify _____
- C-spine
- T-spine
specify level _____
- L-spine
- Sacrum/SI Joints / Coccyx

CTA:

- CTA Head CTA Carotid
- CTA Abdominal Aorta
- CTA Thoracic Aorta
- CTA Lower Extremity
- Other exams not listed: _____

DEXA:

- Hip/Spine (routine)
- Other sites specify: _____

ULTRASOUND:

- Complete Abdomen
- Abdomen RUQ / GB
- Renal Renal Artery Doppler
- Abdominal Aorta
- Liver Doppler (portal, splenic hepatic)
- Mesenteric Doppler
- Thyroid
- Scrotum
- Breast RT LT
- Pelvis (TV, if needed)
- OB (TV, if needed)
- OB Limited
- BPP (Biophysical Profile)
- Hysterosonogram

- Venous Doppler (please circle)
UP / LOW DVT / MAP RT / LT
- Arterial Doppler
UP / LOW RT / LT
- Carotids
- Other exams not listed: _____

MAMMO:

- Screening
- Diagnostic
- Breast Ultrasound (if indicated)
- Unilateral RT LT
- Implants Yes No
- Special Instructions: _____

FLUORO:

- Barium Swallow
- UGI UGI with SBFT
- Small Bowel
- Barium Enema
- Barium Enema A/C
- Hystrosalpingogram
- Myelogram
specify _____

X-RAY:

- ABD (KUB)
- Acute Abdominal Series
(Flat / upright KUB-PA Chest)
- AC joints
- Bone Age Study Bone Survey
- Chest (PA / LAT)
- Facial Bones
- IVP (without Tomo only)
- Mandible Nasal Bones
- Orbits (3vw)
- Foreign Body Orbit (1vw)
- Pelvis
- Ribs
- SI Joints
- Sinus Skull
- Soft Tissue Neck
- Sternoclavicular Joints
- Sternum
- C-Spine T-Spine

- L-Spine
- Sacrum / Coccyx
- Upper Extremity RT LT
Specify Area: _____
- Lower Extremity RT LT
Specify Area: _____
- Other exams not listed: _____

DIAGNOSTIC ARTHROGRAMS (Not MRI)

- Shoulder RT LT
- Hip RT LT
- Wrist RT LT
- Elbow RT LT
- Knee RT LT
- Ankle RT LT
- Other exams not listed: _____

THERAPEUTIC STEROID JOINT INJECTION

- Shoulder RT LT
- Hip RT LT
- Elbow RT LT
- Knee RT LT
- Ankle RT LT
- Other exams not listed: _____

Please check exams being ordered.

FAX ORDER TO 913.667.5601

Special Instructions:
