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|-----------------------------|--|----------|---------------------|-------|
| Patient Name: | | DOB: / / | | Date: |
| Patients Tel # | | Ins: | | Auth: |
| Office Contact | | Tel # | | Fax # |
| Physician Name | | | Physician Signature | |
| Diagnosis / Symptoms ICD10: | | | | |

MRI
w/ reconstruction if indicated

w/wo contrast wo contrast

Brain
 Brain and IAC's
 Brain and Pituitary
 Orbits/Face
 TMJ
 Neck Soft Tissue
 Spine
 Cervical Thoracic Lumbar
 Chest
 Cardiac
 Abdomen
 MRCP
 Enterography
 Pelvis
 Prostate
 Rectal
 Breast (Cad if indicated)
 Breast (implants)
 Breast Biopsy
 Extremities
 Right Left
 Shoulder
 Elbow
 Wrist
 Hand
 Hip
 Knee
 Ankle
 Foot
 Arthrogram
 Other: _____

MR Angiography (MRA)
 Brain
 Neck-Carotids
 Chest
 Abdomen

CT
w/ reconstruction if indicated

w/contrast w/o contrast w/wo contrast

Brain/Head
 Temporal Bones
 Maxillofacial-Facial Bones
 Sinus
 Complete Instatrak
 Neck Soft Tissue
 Chest
 Spine
 Cervical Thoracic Lumbar
 Abdomen
 Pelvis
 Abdomen/Pelvis
 Urogram
 Stone Protocol
 Extremities
 Right Left
 Shoulder
 Elbow
 Wrist
 Hand
 Hip
 Knee
 Ankle
 Foot
 Arthrogram
 Other: _____

CT Angiography (CTA)
 Brain
 Neck-Carotids
 Chest
 Abdomen
 Pelvis
 Abdomen/Pelvis
 Other: _____

Diagnostic Fluoro Studies

Esophogram
 Esophogram w/UGI
 UGI
 UGI w Small Bowel
 Small Bowel Series
 VCUg
 Barium Enema
 Defocography
 Colonic Transit Study
 Hysterosalpingogram
 T-Tube Cholangiogram
 Neph/Loopogram
 Fistulagram
 Cystogram
 Arthrogram

Body Part: _____

Retrograde Cysto
 Other: _____

X-Ray
 Chest Xray PA
 Chest Xray PA/LAT
 Cervical Xray
 Thoracic Xray
 Lumbar Xray
 Skeletal Survey
 Extremities
 Right Left
 Shoulder
 Elbow
 Wrist
 Hand
 Hip
 Knee
 Ankle
 Foot
 Other: _____

Ultrasound
with doppler if indicated

Cranial
 Head/Neck
 Thyroid
 Chest
 Aorta
 Abdomen
 Abdomen Limited
 Gallbladder
 Renal/Bladder
 Bladder
 Pelvic Ltd
 Pelvic(endovaginal if indicated)
 Pelvic (Prostate)
 OB < 14 wks (w/endovaginal)
 OB > 14 wks (w/endovaginal)
 OB Limited
 Anal/Transrectal
 Hysterosonogram
 Biophysical Profile
 Paracentesis
 Thoracentesis
 Other: _____

Labs
Needed for all contrast studies

Hx of Cancer
 On Chemo (30 days for CT)
 Renal Disease
 Diabetes
 High Blood Pressure
 Hydronephrosis
 Solitary Kidney
 Age > 60 MRI (within 6wks)
 Age > 70 CT (within 3 mos)
 BUN _____
 CREATININE _____

Nuclear Medicine

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Basin Eval Melanoma | <input type="checkbox"/> Gallium Scan | <input type="checkbox"/> MIBG Scan | <input type="checkbox"/> Quadramet |
| <input type="checkbox"/> Bone Marrow Imaging | <input type="checkbox"/> Gastric Emptying Scan | <input type="checkbox"/> MUGA Scan | <input type="checkbox"/> RBC Blood Volume |
| <input type="checkbox"/> Bone Scan WB | <input type="checkbox"/> GI Bleed | <input type="checkbox"/> Myocardial Stress | <input type="checkbox"/> Renal Scan 2 Phase |
| <input type="checkbox"/> Bone Scan 3-Phase | <input type="checkbox"/> Hemangioma Scan | <input type="checkbox"/> OLexi OAdenosine OTreadmill | <input type="checkbox"/> Renal Scan w Lasix |
| <input type="checkbox"/> Bone Scan Limited | <input type="checkbox"/> Hepatic Perfusion Artery | <input type="checkbox"/> Octreotide | <input type="checkbox"/> Salivary/Parotid Gland |
| <input type="checkbox"/> Bone Scan w/ Spect | <input type="checkbox"/> Hida Scan | <input type="checkbox"/> Parathyroid | <input type="checkbox"/> Tagged WBC |
| <input type="checkbox"/> Captopril Renogram | <input type="checkbox"/> Hida Scan w/ CCK | <input type="checkbox"/> PETCT Skull-Thigh _____ | <input type="checkbox"/> Viability Study |
| <input type="checkbox"/> Cisternogram | <input type="checkbox"/> Liver/Spleen Scan | <input type="checkbox"/> PETCT Whole Body _____ | <input type="checkbox"/> Thyroid Ablation |
| <input type="checkbox"/> CSF Leak | <input type="checkbox"/> Lymphatic Breast Mapping | <input type="checkbox"/> PETCT Brain | <input type="checkbox"/> Thyrogen Protocol |
| <input type="checkbox"/> Cystogram | <input type="checkbox"/> Lymphatic Melanoma | <input type="checkbox"/> PETCT Bone | <input type="checkbox"/> Thyroid Uptake |
| <input type="checkbox"/> Dexa Bone Density | <input type="checkbox"/> Lymphatic Other: _____ | <input type="checkbox"/> Protascint Scan | <input type="checkbox"/> WBC WB Scan |
| <input type="checkbox"/> DMSA Renal Scan | <input type="checkbox"/> Meckels Scan | <input type="checkbox"/> Py-Test (H-Pylori) | <input type="checkbox"/> Zevalin Scan |

****Please note all nuclear medicine exams require a 48-72 hour cancellation notice to cancel all pharmaceuticals****