

**STAT** Call Report to: \_\_\_\_\_ Fax Report to: \_\_\_\_\_ Deliver  Report  CD

Call Patient to Schedule Examination.

Referring Physician: \_\_\_\_\_ Physician Email: \_\_\_\_\_

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

Patient Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

DIAGNOSIS/Clinical Information: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### MRI

W  WO  W / WO  PRN Contrast

Brain

Brain & Spine MS Protocol

IAC's

Orbits

Pituitary

Trigeminal Nerves

TMJ

Soft Tissue Neck

Brachial Plexus  L  R

Breast

Implant Rupture

Cervical Spine

Thoracic Spine

Lumbar Spine

Defacography

SI Joints

Sacral Plexus

MRV Head

MRA

Head (Circle of Willis)

Neck (Carotids)

Chest

Abdomen

MRCP w/Abdomen

Pelvis

Biomet Signature

Other \_\_\_\_\_

Enterography

Shoulder  L  R

Scapula  L  R

Humerus  L  R

Elbow  L  R

Forearm  L  R

Wrist  L  R

Hand  L  R

Hip  L  R

Femur  L  R

Knee  L  R

Tib/Fib  L  R

Ankle  L  R

Foot  L  R

### CT

W  WO  W / WO  PRN Contrast

CALL FOR PREPARATION INSTRUCTIONS

Head

Orbits

Temporal Bone

Sinus

Max / Facial

Soft Tissue Neck

Cervical Spine

Thoracic Spine

Lumbar Spine

Chest

Chest for Lung Nodule

Chest for Interstitial Lung Disease

Abdomen (w/Pelvis if needed)

Abdomen & Pelvis

Abdomen Only

Pelvis Only

Biomet Signature Protocol

Lung Cancer Screening

Cardiac Calcium Score

Other \_\_\_\_\_

Angiography

CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST

### X-RAY

1-View Chest  1-View Abdomen (KUB)

2-View Chest  2-View Abdomen

Ribs  L  R

#### EXTREMITIES

Finger  L  R  Pelvis  L  R

Hand  L  R  Hip  L  R

Wrist  L  R  Femur  L  R

Forearm  L  R  Knee  L  R

Elbow  L  R  Tib/Fib  L  R

Humerus  L  R  Ankle  L  R

Shoulder  L  R  Heel  L  R

A-C Joints  L  R  Foot  L  R

Clavicle  L  R  Toe  L  R

Other \_\_\_\_\_

#### HEAD

Sinuses (Specify)

Orbits  Skull

Facial Bones  TMJ

Nasal

Other \_\_\_\_\_

#### SPINE

Soft Tissue Neck

Cervical  LTD  Complete

Thoracic  LTD  Complete

Lumbar  LTD  Complete

Flexion & Extension  SI Joints

Sternum

Sacrum/Coccyx

Other \_\_\_\_\_

### ULTRASOUND

ANY STUDY MAY REQUIRE DOPPLER EVALUATION AT DISCRETION OF RADIOLOGIST

Abdomen  Ltd  Complete  Renal

Pelvic  With Transvaginal

Obstetrical  With Transvaginal

Transvaginal

Venous Doppler  L  R  Arm  Leg

Carotid Doppler

Arterial Duplex  L  R  Arms  Legs

Thyroid / Neck

Breast (Complete w/axilla)  L  R

Screening

Thyroid

Carotid Arteries

Abdominal Aorta

Liver & Gallbladder

Scrotal

Biophysical Profile

Other \_\_\_\_\_

### EXTREMITIES

Hand  L  R  Hip  L  R

Elbow  L  R  Knee  L  R

Wrist  L  R  Ankle  L  R

Shoulder  L  R  Foot  L  R

Other \_\_\_\_\_

### CTA

W  WO  W / WO  PRN Contrast

Chest - Aorta / Great Vessels

Chest - Pulmonary Veins

Abdomen & Pelvis

Abdomen - Aneurysm

Other \_\_\_\_\_

### PROCEDURES

Joint Injection  Arthrogram

Shoulder  L  R  With MRI  With CT

Elbow  L  R  With MRI  With CT

Wrist  L  R  With MRI  With CT

Knee  L  R  With MRI  With CT

Ankle  L  R  With MRI  With CT

Hip  L  R  With MRI  With CT

IVP \_\_\_\_\_

Other \_\_\_\_\_