

Scheduling:

Phone: 231-714-4306 Fax: 231-714-0077

4290 Copper Ridge Dr. STE 100 Traverse City MI 49684

*Patient Name:	Insurance:	
*Patient DOB:		
*Patient Phone:	Prior Authorization dates:	
*Ordering Provider:		
Copy to Provider:		used, specify vendor and approval:
*Clinical Diagnosis:		acca, opco, venac. aa app. c.a
*ICD-10:		
ICD-10:		
*Provider Signature:		
***Please provide specific ICD-10 codes wh	nen possible and symptoms, location, durat nclude demographic sheet and progress no	
UNLESS SPECIFIED. INT	RAVENOUS CONTRAST IS PER RAI	DIOLOGIST DISCRETION
☐ WITHOUT CONTRAST		ITH AND WITHOUT CONTRAST
MRI □*Office Notes Included	ULTRASOUND	X-RAY
MRA		
Head w/o only	Abdomen Complete	Orbits for MRI
Brain/Neuro	Abdomen RUQ LUQ	Chest PA & Lateral
Brain (Routine)	Renal	Abdomen Series (inc. Chest)
Pituitary	Renal/Bladder	KUB
Orbits	Renal Artery Duplex	Pelvis
IAC's	Hernia - Specify Location	3v 5v Cervical Spine Fl/Ext
Spine	Pelvic TransABD &TransVag	Thoracic Spine
Cervical	Aorta	3v 5v Lumbar Spine Fl/Ext
Thoracic	Obstetric	Joints and Extremities
Lumbar	1 st Trimester with EV if needed	Specify:
Sacrum	Complete	R L B
Extremities	OB Other: LTD or FU	Specify:

 \square Labs needed? (Labs can be $\overline{\text{drawn}}$ day of for contrast, lab orders must be sent to LabCorp) R Ankle/Hindfoot Forefoot R L Shoulder/Elbow/Wrist R Brain R L Hip/Knee/Ankle/Foot Sinuses **Pelvis Facial Bones CTA Bony Pelvis** Chest PE Protocol **Neck Soft Tissue Pelvis** with and w/o IACS/Temporal Bone Chest Thoracic Aorta Abdomen Abdomen Chest

Abdomen / Pelvis

CT Urogram

Cervical Spine Thoracic Spine

Renal Stone Study

Venous Duplex R L B LE UE

Screening Chest (LDCT) w/o only

R L B LE UE

w/o only

with and w/o

CT SCAN

Arterial Duplex

Carotid Duplex

Scrotum w/doppler

Soft Tissue:

with and w/o

with and w/o

with and w/o

with and w/o

R L

R L

R L

R

R

R R

R

R

Shoulder

Humerus

Forearm

Elbow

Wrist

Femur

Leg (Tibia/Fibula)

Knee

Routine Abdomen

MRCP Abdomen

Kidney

Liver

Hip

Calcium Scoring - cash only

В

Pelvis Head

Neck (Carotid)

Head and Neck

^{**} Labs needed for contrast: if patient is 60 or older has diabetes hypertension renal insufficiency (kidney disease/one kidney) or pheochromocytoma, labs(GFR/creatinine) within 30 days must be included with order