

*Patient Name: _____
*Patient DOB: _____
*Patient Phone: _____
*Ordering Provider: _____
Copy to Provider: _____
*Clinical Diagnosis: _____
*ICD-10: _____

Insurance: _____
Insurance ID and group #: _____
Prior Authorization dates: _____
Prior Authorization copay: _____
If Clinical Decision Support tool used, specify vendor and approval: _____

*Provider Signature: _____

Please provide specific ICD-10 codes when possible and symptoms, location, duration, and pertinent history. If patient has insurance, please include demographic sheet and progress note with order.

UNLESS SPECIFIED, INTRAVENOUS CONTRAST IS PER RADIOLOGIST DISCRETION

WITHOUT CONTRAST WITH CONTRAST WITH AND WITHOUT CONTRAST

MRI		ULTRASOUND		X-RAY	
<input type="checkbox"/> *Office Notes Included					
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 FI/Ext	
Spine		Pelvic TransABD & TransVag		Thoracic Spine	
	Cervical	Aorta		3v 5v Lumbar Spine FI/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:	
	R L Shoulder	Venous Duplex R L B LE UE		R L B	
	R L Humerus	Arterial Duplex R L B LE UE			
	R L Elbow	Carotid Duplex			
	R L Forearm	Soft Tissue:			
	R L Wrist	Scrotum w/doppler			
	R L Hip				
	R L Femur				
	R L Knee				
	R L Leg (Tibia/Fibula)				
	R L Ankle/Hindfoot				
	R L Forefoot				
		CT SCAN			
		<input type="checkbox"/> *Office Notes Included <input type="checkbox"/> **Labs included			
		<input type="checkbox"/> Labs needed? (Labs can be drawn day of for contrast, lab orders must be sent to LabCorp)			
		Brain		R L Shoulder / Elbow / Wrist	
		Sinuses		R L Hip / Knee / Ankle / Foot	
Pelvis		Facial Bones		CTA	
	Bony Pelvis	Neck Soft Tissue		Chest PE Protocol	
	Pelvis with and w/o	IACS/Temporal Bone		Chest Thoracic Aorta	
Abdomen		Chest		Abdomen	
	Routine Abdomen with and w/o	Screening Chest (LDCT) w/o only		Pelvis	
	MRCP Abdomen with and w/o	Abdomen / Pelvis		Head	
	Kidney with and w/o	Renal Stone Study w/o only		Neck (Carotid)	
	Liver with and w/o	CT Urogram with and w/o		Head and Neck	
		Cervical Spine			
		Thoracic Spine			
		Lumbar Spine		Calcium Scoring - cash only \$150.00	

** 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