

PATIENT NAME		DIAGNOSIS OR SYMPTOMS PER TEST ORDERED			
ORDERED BY (PRINT)		PROVIDER SIGNATURE			DOB
COPY TO	DATE FOR EXAM	TOTAL # EXAMS ORDERED	SPECIAL INSTRUCTIONS	CALL RESULTS <input type="checkbox"/>	

When ordering tests for Medicare/Medicaid patients, please select only those tests which are medically necessary for diagnosis or treatment of the patient.
Medicare does not pay for routine screening tests.

FLUOROSCOPY					
B.E. single contrast (prep required)		UGI NPO 8 hrs		IVP	Hysterosalpingogram
B.E. w/air contrast (prep required)		B/S -Esophagram		Cystogram	Sinus-Tract Study
Water Soluble Enema (prep required)		SBFT NPO 8 hrs.		Urethrogram (voiding)	OTHER:
Video B/S w/ Speech				VCUG	

DIAGNOSTIC X-RAY									
Abdomen - KUB		Osseous Survey-Adult		Hip (includes AP Pelvis)	R	L			
Abdomen - Flat & Upright		Osseous Survey-Child		Pelvis					
Abdomen - Supine & Decubs		C/Spine - complete		Femur	R	L			
Colonic Transit Study		C/Spine - Single View		Knee	R	L			
A-C Joints		Specify view:		Knee W/ Standing	R	L			
BMD - Dexa		C/Spine comp. Inc flex & ext.		Knee W/ Patella	R	L			
Bone Age		C/Spine lateral, flex & ext only		Tibia / Fibula	R	L			
Chest - 2 view		Thoracic (Dorsal) spine		Ankle	R	L			
Chest - PA/AP only		Scoliosis Study		Lower Extrem Infant (<1 yr. old)	R	L			
Chest - obliques only		L/Spine - AP & Lateral		Foot	R	L			
Chest - Decubitus only		L/Spine - Single View		Calcaneous (heel)	R	L			
Ribs (includes PA Chest)	R I	Specify view:		Toe	1	2	3	4	5
Sternum		L/Spine [ap/lat] - w/obliques		Shoulder	R	L			
Facial Bones (Orbits)		L/Spine [ap/lat]- w/flex & ext.		Scapula	R	L			
Orbits (MRI screening)				Clavicle	R	L			
Sinuses		Sacrum / Coccyx		Humerus	R	L			
Skull		OTHER:		Elbow	R	L			
Nasal Bones				Forearm	R	L			
Mandible				Wrist	R	L			
Neck - Soft Tissue				Wrist w/ Navicular	R	L			
Neck - Cephalometry				Hand	R	L			
				Finger	thumb	2	3	4	5
				Upper Extrem. Infant (<1yr. old)	R	L			

ULTRASOUND					
Aorta	NPO 8 Hrs	Kidneys		Infant - Head	
Ascites / Abscess		Kidneys w/ Bladder		Infant - Hips	
RUQ (Liver, GB, Pancreas)	NPO 8hrs.	Urinary Bladder		Infant - Stomach / Pylorus (no prep)	
Liver	NPO 8 Hrs	Renal Biopsy		Infant - Spine	
Gall Bladder	NPO 8 Hrs	Pelvic (transvaginal only)		Testicles / Scrotum	
Pancreas	NPO 8 Hrs	Pelvic (trans-abdominal only)		Thyroid	
Spleen		Pleural Effusion / Marking		Thyroid - Aspiration / Biopsy	
Appendix		Soft Tissue Mass (Specify Area):		<i>Breast studies are performed at the Womens Imaging Center (562-1055)</i>	

VASCULAR ULTRASOUND		VASCULAR ULTRASOUND		VASCULAR ULTRASOUND				
Mesenteric Arteries	NPO 12 Hrs	Femoral Vein	R L	ABI				
Renal Arteries	NPO 12 Hrs	Upper Extremity - Venous	R L	ABI w/ Digits (toe pressures)				
Renal Duplex - Transplant		GSV /LSV mapping	R L	Segmentals w/ PVR			up	low
Renal Vein Duplex	NPO 12 Hrs	Radial Artery assessment (CABG)	R L					
Carotid		Pseudo-aneurysm						

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INTERVENTIONAL

Abscessogram		Paracentesis		Joint Aspiration / injection	L	R
Biliary Tube Check		Thorocentesis	L R	Other:		
Nephrostogram		Arthrography:	L R	PICC Line Placement		
Thyroid Biopsy		Specify Joint:		Specify: single or double lumen		

NUCLEAR MEDICINE

Hida Scan	NPO 8 hrs	Bone Scan - Complete	REG	SPECT	RVG
Hida Scan (w/CCK)	NPO 5 hrs	Bone Scan - Partial	REG	SPECT	Thyroid Scan <i>off meds</i>
Gastric Emptying	NPO 8 hrs	Bone Scan - Triple Phase	REG	SPECT	Thyroid Scan w/ uptake <i>off meds</i>
Meckel Scan	NPO 8 hrs	Gallium Scan	REG	SPECT	Parathyroid Scan
G.I. Bleeding Scan		Liver-Spleen Scan	REG	SPECT	V/Q Lung Scan
Renal Scan		Octreo Scan	REG	SPECT	VCUG - Nuc Med
Renal Scan - Diuretic		RBC Liver Scan	REG	SPECT	WBC Scan
Renal Scan Captopril <i>Clear Liquids only - 4 hrs</i>		Other:			

CAT SCAN

IV CONTRAST	W/	W/O	IV CONTRAST	W/	W/O	IV CONTRAST	W/	W/O
Chest-routine			Brain			Spine - Cervical		
Chest-high resolution			Brain w/ CTA Head			Spine - Thoracic		
Chest-gated (hx of aneurysm)			Facial Bones/ Sinuses (full)			Spine - Lumbar		
CTA Chest (PE protocol)			Sinuses - limited			Temporal Bone		
Aortic Dissection (chest / abdomen)			- STRYKER			Extremity, Specify:		
Abdomen-diaphragm to iliac crest			Neck			OTHER:		
Pelvis - Iliac crest to Pubis			Orbits					
CTA Abdomen			CTA Carotid / Neck					
CTA Pelvis								

CTA Cardiac / Coronary Arteries: separate order form required (call 562-7375)

MAGNETIC RESONANCE IMAGING

CONTRAST	W/	W/O	CONTRAST	W/	W/O			
Brain w/ Stem Routine			Spine - Cervical			MRA Aorta		
Brain - Orbits / Face / Neck			Spine - Thoracic			MRA Brain		
Brain - Sella			Spine - Lumbar			MRA Neck		
Brain Posterior Fossa IAC			SI joints			MRA Renals		
Brachial Plexus			Knee	R	L	MRA Extremity:	R	L
						Specify:		
Abdomen			Foot	R	L	Arthrogram (specify joint)	R	L
Pelvis			Shoulder	R	L			
Sacrum			Other:					
Soft Tissue Neck								

All invasive procedures require:**

- Signed physician order
- Off aspirin x 7 days

PLEASE NOTE:

USE OF CONTRAST MEDIA FOR IMAGING PROCEDURES IS INFLUENCED BY THE PATIENT'S MEDICAL AND ALLERGIC HISTORY AND WILL BE AT THE DISCRETION OF THE RADIOLOGIST.