

**Medical Record Number:** \_\_\_\_\_  
 Patient Name (Last, First, MI): \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_  Female  Male  
 Insurance Plan/FSC: \_\_\_\_\_  
 Member Insurance #: \_\_\_\_\_  
 Referral #: Provide PCP to Specialist referral #.

**Required information to schedule**  
 Attending MD Name: \_\_\_\_\_  
 NPI #: \_\_\_\_\_ \*NPI needed for physicians  
 Office Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Requesting Physician @: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Patient's Phone (H/W/Cell): \_\_\_\_\_

ICD Codes: \_\_\_\_\_  
 Diagnosis/Indications: \_\_\_\_\_

Urgency:  Stat  Today  Routine, Requested Exam Date: \_\_\_\_\_  
 Scheduled Date: \_\_\_\_\_ Scheduled Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_

**MRI**

Implanted Metal? (i.e., Pacemaker) YES NO  
 Claustrophobic? YES NO  
 Needs Sedation YES NO

Brain  IAC/Temporal Bone  
 Pituitary/Sella  Orbits  
 Neck/Face  Brachial Plexus  
 Temporomandibular Joint/TMJ  
 Soft tissue / Neck area of interest:

**W/O Contrast W/O Contrast**  
 Abdomen  Pelvis  
 (Default is without and with IV Contrast)  
 C-Spine  T-Spine  L-Spine

**Contrast W/O Contrast W/O Contrast**

Lower ext:  Hip  Knee  Ankle  Foot  
 Leg  Femur  Pelvis  Tibia Fibula

Upper ext:  Shoulder  Elbow  Wrist  
 Humerus  Forearm

**Contrast W/O Contrast W/O Contrast**

Dementia/Alzheimers  
 MS  
 Liver Quantification  
 MSK Pelvis  
 Epilepsy  
 Chiari  
 Abdomen  
 Pelvis  
 Rectal Sacrum/  
 Coccyx  
 MR Angiography (Neuro)  
 MRA Brain MRA Neck MRV Brain  
**W/O Contrast W/O Contrast**

MR Angiography (Body)  
 MRV  
 Pelvis  
 Extremities  
 Specify Body Part: \_\_\_\_\_  
 (Default is without and with IV Contrast)

3D-specific question to be answered:  
 \_\_\_\_\_

MRI Additional Instructions:  
 \_\_\_\_\_

**COMPUTED TOMOGRAPHY - CT**

Facial Bones Contrast W/O Contrast  
 Head Contrast W/O Contrast  
 Orbits Contrast W/O Contrast  
 Temporal Bone Contrast W/O Contrast  
 Sinus Contrast W/O Contrast  
 Soft Tissue Neck Contrast W/O Contrast  
 Chest Contrast W/O Contrast  
 Abdomen Contrast W/O Contrast  
 Pelvis Contrast W/O Contrast  
 CT Cardiac Calcium Score  
 Coronary CTA  
 Structural CTA

CT Urogram  
 CT Angiography (CTA With Contrast)  
 Head Neck Chest Abdomen  
 Pelvis Lower extremities  
 Other - Specify Site: \_\_\_\_\_

3D-Post Processing - Specific questions to  
 be answered: \_\_\_\_\_

**ROUTINE EXAMS (No Appointment Needed)**

Chest PA & Lateral  Chest PA  
 Rib Detail ( RT LT)  Nasal Bones  
 Spine Cervical Thoracic Lumbar)  
 KUB (IV)  Flat & Upright  Pelvis  
 Acute Abdominal Series (CXR, 2V Abd)  
 Extremities/joints (specify): \_\_\_\_\_  
 Other: \_\_\_\_\_

**GI TRACT / GU TRACT**

Upper GI Series  
 Swallow..... Barium Gastrograffin  
 Enema..... Barium Gastrograffin  
 Modified Barium Swallow  
 Small Bowel Series  
 Cystogram Voiding  
 Other: \_\_\_\_\_

**BONE DENSITY**

Spine/Hip/Forearm  
 Other: \_\_\_\_\_

**ULTRASOUND**

**Non-OB Ultrasound**

Abdominal Complete  With Doppler  
 Abdominal Limited/RUQ  With Doppler  
 Retroperitoneum (kidneys and bladder)  
 Aorta  Retroperitoneum (kidneys and bladder)  
 Head and Neck  Soft Tissue  
 Upper Extremity Non-Vas  
 RT LT BIL  
 Lower Extremity Non-Vas  
 RT LT BIL  
 Chest  Upper back  
 Upper back  
 Abdominal  Lower back  
 Lower back  
 Pelvis Transabdominal and Transvaginal  
 With Doppler  
 Thyroid  
 Scrotal  With Doppler  
 Superficial (Specify) \_\_\_\_\_  
 With Doppler W/O Doppler  
 Other: \_\_\_\_\_

**Vascular Ultrasound**

DVT (Venous)  
 Lower Upper Right Left  
 Arterial Eval  
 Lower Upper Right Left  
 Arterial Duplex with Grafft Surveillance  
 Lower Upper Right Left  
 Arterial Duplex complete w, ABI  
 Lower Upper Right Left  
 Arterial duplex pseudoaneurysm  
 Renal artery duplex  
 Carotid Bilateral Right Left  
 Venous reflux  
 Other: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ (MD, DO, NP, PA) **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_