



<input type="checkbox"/>	ROUTINE
<input type="checkbox"/>	WET READ

**RADIOLOGY ORDER FORM**

BONE DENSITOMETRY ♦ COMPUTED TOMOGRAPHY ♦ MAMMOGRAPHY ♦ ULTRASOUND ♦ DIAGNOSTIC X-RAY

Last Name		First Name		Middle Initial	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Order
Medical Record Number		Date of Birth		Ordering Doctor Name		Doctor's Signature	
Home Phone	Work Phone	Cell Phone	Primary ICD-9 Code	2 <sup>nd</sup> ICD-9 Code	3 <sup>rd</sup> ICD-9 Code		
Brief History / Description / Reason for Exam							

**All Exams Except Diagnostic X-rays Must Be Scheduled!**

DIAGNOSTIC X-RAY	DIAGNOSTIC X-RAY	ULTRASOUND	COMPUTED TOMOGRAPHY
<b>Head &amp; Neck</b>	RT LT Radius/Ulna (Forearm)	Transvaginal Pregnant Uterus	<b>Abdomen</b> (No IV Contrast or Oral Contrast)
Mandible	RT LT Wrist	Ultrasound Guided Needle Placement	<b>Abdomen, Tri-Phase</b> (select) <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Adrenal
Facial Bones	RT LT Hand	<b>VASCULAR ULTRASOUND</b>	<b>Abd &amp; Pelvis, Urogram</b> (With Contrast)
Nasal Bones	RT LT Finger		<b>Abd &amp; Pelvis</b> (No IV Contrast or Oral Contrast)
Orbits	OTHER	Carotid Duplex	<b>Pelvis</b> (with Oral Contrast) <input type="checkbox"/> No Oral Cont
Sinus, Limited	<b>Lower Extremity</b>	RT LT Lower Extremity Venous Duplex	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont
Sinus Series	RT LT Hip, Unilateral	RT LT Upper Extremity Venous Duplex	<b>Lumbar Spine</b> (No IV Cont)
Skull, Limited	Hip, Bilateral	RT LT Lower Extremity Arterial Duplex	<b>Sacrum &amp; Coccyx Spine</b> (No IV Cont)
Skull Series	RT LT Femur	RT LT Upper Extremity Arterial Duplex	<b>Upper Extremity</b> (Select Part Below) <input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont
Soft Tissue Neck	RT LT Knee, 2 view	Portal Venous System	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont
<b>Chest</b>	RT LT Knee, 4 view	Mesenteric Arteries	RT LT <b>Shoulder</b>
Chest, PA	RT LT Tibia / Fibula	Renal Arteries	RT LT <b>Humerus</b>
Chest, PA & Lat	RT LT Ankle	Renal Transplant with Doppler	RT LT <b>Elbow</b>
Chest, Lateral Decubitus	RT LT Foot	<b>COMPUTED TOMOGRAPHY</b>	RT LT <b>Forearm</b>
RT LT Ribs, Unilateral	RT LT Calcaneus (Heel)	<b>Head</b>	RT LT <b>Wrist</b>
Ribs, Bilateral	RT LT Toe	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	RT LT <b>Hand</b>
Sternum	<b>BONE DENSITOMETRY</b>	<b>Facial Bones</b> (includes Mandible)	RT LT <b>Fingers</b>
<b>Abdomen</b>	Dexa Scan	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	<b>Lower Extremity</b> (Select Part Below) <input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont
Abdomen, Flat & KUB	AccuDexa	<b>Sinus</b>	
Abdomen, Flat & Upright	<b>MAMMOGRAPHY</b>	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	
Acute Abdominal Series	Bilateral Mammogram	<b>Sinus InstaTrak</b> (Harbourview)	RT LT <b>Hip</b>
<b>Pelvis</b>	RT LT Unilateral Mammogram	<b>Sinus LandmarX</b> (Obici)	RT LT <b>Femur</b>
Pelvis, AP	Screening Mammo Bilateral	<b>Orbits</b>	RT LT <b>Knee</b>
Sacroiliac Joints	Breast Needle Localization	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	RT LT <b>Tib/Fib</b>
<b>Spine</b>	<b>ULTRASOUND</b>	<b>Temporal Bones</b>	RT LT <b>Ankle</b>
Cervical Spine, Limited	Abdomen, Limited	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	RT LT <b>Foot</b>
Cervical Spine Series	Abdomen, Complete	<b>Inter Auditor Canals (IACs)</b>	RT LT <b>Toes</b>
Thoracic Spine	Aorta	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	
Lumbar Spine, Limited	RT LT Breast	<b>Soft Tissue Neck</b>	<b>COMPUTED TOMOGRAPHY</b>
Lumbar Spine Series	Chest	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	<b>ANGIOGRAPHY</b> (CTA=Study of Arteries)
Sacrum	RT LT Upper Extremity, Non-Vascular	<b>Cervical Spine</b> (No IV Cont)	<b>To order CTA's use CTA Physician Order Form which can be found on the Public Drive under Public/Forms/Radiology Forms.</b>
Coccyx	RT LT Lower Extremity, Non-Vascular	<b>Chest</b>	
Scoliosis Series	Pelvic, Non-OB	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	
<b>Upper Extremity</b>	Pregnant Uterus < 14 Wks	<b>Chest, High Resolution</b> (No IV Cont)	
RT LT Clavicle	Pregnant Uterus > 14 Wks	<b>Thoracic Spine</b> (No IV Cont)	
RT LT Scapula	Renal	<b>Abdomen</b> (with Oral Contrast)	
RT LT Shoulder	Renal Transplant without Doppler	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	
RT LT Humerus (Upper Arm)	Thyroid	<b>Abdomen / Pelvis</b> (with Oral Contrast)	
RT LT Elbow	Transvaginal	<input type="checkbox"/> w/o IV Cont <input type="checkbox"/> w IV Cont <input type="checkbox"/> w/o & w IV Cont	

**SEE PATIENT PREPARATION INSTRUCTIONS ON BACK**

RADIOLOGY PREPARATION INSTRUCTION SHEET

**PLEASE BRING THIS SHEET WITH YOU TO YOUR APPOINTMENT !!!!**

Your Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Patient Preparation**

The following instructions are recommended for optimal study results; however, if you have any special needs and are unable to follow the instructions, please contact the Radiology Department at 934-9308.

**INSTRUCTIONS**

**Follow these Instructions !!!**

**CT Scans with Contrast:**

Nothing to eat or drink 4 hours prior to exam, please arrive in Radiology 1 ½ hours prior to your appointment. Patients age 50 and over require Creatinine lab test within 30 days prior to exam.

**Follow these Instructions !!!**

**Mammography:**

Bring any previous mammograms performed at another office or hospital. Wear a 2-piece garment. Do **not** use any powders, deodorant, perfume or lotions before the mammogram.

**Follow these Instructions !!!**

**Ultrasound:**

Gallbladder Ultrasound - Nothing to eat, drink, smoke or chew for 8 hours prior to the examination.

RUQ and Abdomen Ultrasound - Nothing to eat, drink, smoke or chew for 8 hours prior to the examination.

Abdomen and Pelvis Ultrasound - Nothing to eat, drink, smoke or chew for 8 hours prior to the examination. Drink 32 ounces of water starting one hour prior to exam.

Pelvic, OB and Bladder Ultrasound - Drink 32 ounces of water starting one hour prior to exam.