

RADIOLOGY ORDER FORM

Patient Name (Last): _____ (First): _____

Patient Address: _____

DOB: _____ SSN: _____ Race _____ Ethnicity _____

Phone (Home): _____ [Cell]: _____

Ordering Physician: _____ Clinical History: _____

ICD10 Code: _____ Need by Date: _____

Allergies: _____ Diabetic: Y N Height: _____ Weight: _____

Please fax copy of insurance card and authorization with order. OCSRI-NPI 1962876045

Insurance Company: _____ Policy ID #: _____

Authorization #: _____

Report only to office CD with report only to office Patient to hand-carry films

HOLD AND CALL REPORT Call Report #: _____ Fax Report #: _____

CT

HEAD/NECK

- w w/o
- Brain
 - Sinuses
 - Temporal Bones/IAC
 - Orbits
 - Facial Bones
 - Neck Soft Tissue

CHEST

- w w/o
- Chest
 - CTA Chest for PE

SPINE

- w w/o
- Cervical Spine
 - Thoracic Spine
 - Lumbar Spine

ABD/PELVIS

- w w/o
- Abdomen & Pelvis
 - Renal Stone (ABD/Pelvis w/o)
 - Abdomen Only
 - Pelvis Only
 - Other _____

NUCLEAR MEDICINE

BONE SCAN

- Whole Body
- Multiple Specific Area
 - 3-Phase
- Liver/Spleen Scan
- Hepatobiliary (HIDA)
 - CCK Ejection Fraction:
 - w w/o
- Cardiac MUGA Scan
- Indium WBC Scan
- Parathyroid Scan
- Thyroid Uptake and Scan
- I-131 Whole Body Scan
- Renal Scan
 - Flow and Function
- Other _____

PET/CT

- Eyes to Thigh
- Whole Body

PET/CT (CONTINUED)

- PET Pylarify for Prostate
- PET Other (limited)
- PET Dotatate for Neuroendocrine Tumors

ULTRASOUND

- Gallbladder / Liver (RUQ)
- Abdomen complete
- Renal / Kidney (incl. Bladder)
- Pelvic (w/ Endovag if indicated)
- Endovaginal only
- Thyroid / Neck
- Thyroid / Biopsy
- Testicular / Scrotum (including Doppler)
- Carotid Doppler
- Extremity: Venus Doppler
 - L R Upper Lower
- Other _____

MRI

HEAD/NECK

- w w/o
- Brain
 - Orbit
 - Face
 - Neck
 - TMJ

SPINE

- w w/o
- Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - Sacrum

BODY

- w w/o
- Chest
 - Abdomen MRCP
 - Pelvis
 - Extremity L R
 - Area of interest L R
 - Extremity Joint
 - Area of Interest _____
 - Other _____

RADIOGRAPHY (PLAIN FILMS)

THORAX

- Chest PA and Lateral
- Decub Chest L R
- Ribs L R Bilat

ABDOMEN

- KUB
- Flat & Upright (Obstruct. Series)
- Acute Abd Series (include PA Chest)
- Decub Abdomen
 - L R Bilat

HEAD

- Facial Bones
- Sinus Limited (Waters view)
- Sinus

EXTREMITIES/PELVIS

- Fingers: spec _____
- Hand L R
- Wrist L R
- Forearm L R
- Elbow L R
- Humerus L R
- Clavicle L R
- Shoulder L R
- Toes: spec _____
- Foot L R
- Calcaneous L R
- Ankle L R
- Tibia/Fibula L R
- Knee L R
- Standing Knee L R
- Femur L R
- Hip L R
- Pelvis R
- Other _____

INTERVENTIONAL RADIOLOGY

(please send patient for INR — cannot be older than 2 weeks)

- Port Placement Thoracentesis
- Port Removal Paracentesis
- PICC Line Kypho/Vert Aug (spine) Level _____
- G Tube Placement RFA spine Level _____
- Pleurex Catheter-pleural Other _____
- Pleurex Catheter-peritoneal Other _____

*PET Pylarify and PET Dotatate will require supporting documentatiuon (physician notes, labs, ie PSA) to verify criteria has been met for imaging.

Physician Signature _____ Physician Printed Name _____

Physician Address (if CD is to be mailed) _____

Physician Office Phone Number _____