

RADIOLOGY ORDER FORM

Central Scheduling - Phone 458-5588 - Fax 458-5598

MRI Scheduling - Phone 458-6939 - Fax 458-6489

ORDERING PRIORITY

- ☐
- STAT (24 hours)
-
- ☐
- ASAP (48 hours)
-
- ☐
- STAT Call Report - Phone # _____
-
- ☐
- Routine (next available or 7+ days)

Patient Label

REQUIRED	PATIENT LAST NAME		FIRST	M	DATE OF BIRTH	PHONE
	ORDERING CLINICIAN		OFFICE LOCATION (if multiple)		CLINICIAN SIGNATURE (NO STAMPS)	
	Clinical terms / history / symptoms: include specialty requirements, i.e. laterality, location, underlying disease, etc. that support ICD-10 codes				ICD-10 codes that support clinical terms / history / symptoms	
SEND ADDITIONAL COPIES OF REPORT TO:					☐ UNLESS CHECKED RADIOLOGIST WILL REVIEW AND MODIFY ORDERS TO MEET CLINICAL INDICATIONS AND RADIOLOGY PROTOCOLS. IF CHECKED WE WILL PROCESS AS ORDERED.	
CLINICIAN PHONE		CLINICIAN FAX		☐ MALE ☐ FEMALE		PREGNANT? ☐ YES ☐ NO
DECISION SUPPORT	VENDOR (G CODE)	ADHERENCE CODE (M MODIFIER)		ID	SCORE	

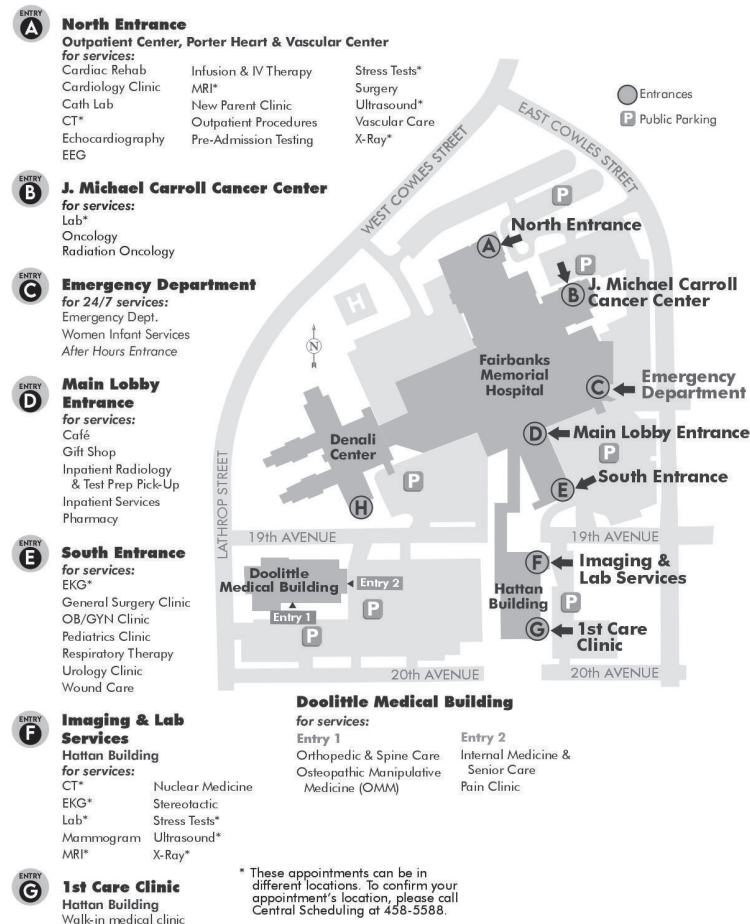
CT ☐ Contrast at Radiologist Discretion ☐ IV Contrast ☐ NO IV Contrast BUN/Creat _____ Collect Date: _____ [Age 60+ or Prior Renal History] ☐ Head ☐ Abdomen ☐ Neck ☐ Pelvis ☐ Chest ☐ Abdomen and Pelvis ☐ PE Study ☐ Renal Stone Study ☐ Chest Hi Res (Interstitial lung disease) ☐ CT IVP (urogram) ☐ Maxillofacial ☐ CT Enterography ☐ Calcium Scoring ☐ Lung CA Screening — Special order form required. ☐ Sinus ☐ Orbits ☐ IACs / Temporal Bone / Pituitary ☐ C-Spine ☐ T-Spine ☐ L-Spine ☐ Extremity: _____ CT Angiogram ☐ Carotids ☐ Intracranial/Circle of Willis ☐ Thoracic Aortogram (thoracic aorta/aneurysm or dissection) ☐ Renal Angio ☐ ABD/Pelvic Angio (for AAA) ☐ ABD Aortogram & Lower Extremity Runoff ☐ Other: _____	BREAST Digital Mammography ☐ Screening ☐ Diagnostic Bilateral Mammogram* ☐ Diagnostic Unilateral Mammogram* ☐ Right ☐ Left Patients 29 or Younger Diagnostic Mammogram, if needed ☐ Right ☐ Left Ultrasound Breast Ultrasound* if needed ☐ Right ☐ Left Breast MRI Approval required ☐ Right ☐ Left Nuclear Medicine ☐ Sentinel Node ☐ with images ☐ Right ☐ Left	OB/PELVIC ☐ LMP: _____ ☐ Sonohysterogram ☐ EDC: _____ ☐ Biophysical Profile ☐ Pelvic ☐ w/Transvaginal ☐ Obstetric <14 wks ☐ Transvaginal ☐ Obstetric >14 wks ☐ Transvaginal ☐ Other: _____
ULTRASOUND ☐ Abdominal (GB, Liver, Panc., Spleen, Kidneys, Aorta) (NPO 8 hrs) ☐ Abdominal Lmtd. (single quadrant, single organ, follow-up) (NPO 8 hrs) ☐ Liver Elastography ☐ Aorta Complete (NPO a hrs) ☐ Aorta Limited (screening) (NPO 8 hrs) ☐ Hernia ☐ Pelvic w/Transvaginal (32 oz. water full bladder) ☐ Transvaginal (only) ☐ Pelvic Transabdominal (only) (32 oz. water full bladder) ☐ Renal/Bladder (full bladder) ☐ Testicular/Scrotum ☐ Thyroid ☐ Thyroid FNA ☐ Obstetric (32 oz. water full bladder) — LMP _____ ☐ Hysterosonogram — LMP _____ ☐ Infant Hips ☐ Infant Spine Vascular ☐ Abdominal Duplex (NPO a hrs) ☐ Aorta/Iliac Duplex ☐ Ankle Brachial Index (ABIs) (Segmental, Exercise, PRN) ☐ Arterial Doppler Legs ☐ R ☐ L ☐ Carotid Duplex ☐ Mesenteric / Celiac (NPO 8 hrs) ☐ Renal Arteries (NPO 8 hrs) ☐ Transplant Renal Liver ☐ Venous Doppler Legs ☐ R ☐ L ☐ Venous Doppler Arms ☐ R ☐ L ☐ Vein Mapping Arms ☐ R ☐ L ☐ Other: _____	MRI ☐ Contrast at Radiologist Discretion ☐ No IV Contrast ☐ With & Without IV Contrast Neurologic/Spine ☐ Brain ☐ Abdominal ☐ Orbits ☐ Pelvic ☐ Pituitary ☐ Internal Auditory Canal ☐ Stealth/STRS Brain ☐ Cranial Nerve ☐ Soft Tissue Neck ☐ Brachial Plexus ☐ R ☐ L ☐ C-Spine ☐ T-Spine ☐ L-Spine* Reason (check one): ☐ Disc ☐ Infection ☐ MS ☐ Mets ☐ No *History of prior lumbar surgery? ☐ Yes ☐ No Musculoskeletal ☐ Shoulder ☐ with Arthrogram ☐ Right ☐ Left ☐ Wrist ☐ with Arthrogram ☐ Hip ☐ with Arthrogram ☐ Knee ☐ with Arthrogram ☐ Ankle ☐ Foot ☐ Hand ☐ Bone Marrow Survey Body Breast - Approval required ☐ Bony Pelvis ☐ Female Pelvis ☐ Liver - multiphase ☐ Prostate ☐ Rectal ☐ MRCP ☐ Sacrum / Coccyx ☐ Renal ☐ Adrenal ☐ Pancreas ☐ Abdominal Enterography ☐ Cardiac MR Angiogram ☐ Carotids (from aortic arch to Circle of Willis) ☐ Intracranial / Circle of Willis ☐ MRV ☐ Renal MRA ☐ Abdominal Aortogram & Lower Extremity Runoff ☐ Other: _____	DIAGNOSTIC RADIOLOGY -PLEASE SCHEDULE IN ADVANCE- ☐ VFSS Video Fluoroscopy Swallow Study/Speech Gastrointestinal ☐ Esophagram ☐ Upper GI ☐ Small Bowel Series ☐ Barium Enema ☐ Barium Enema Air Contrast ☐ HSG DIAGNOSTIC RADIOLOGY -WALK-IN APPOINTMENTS AVAILABLE- ☐ Sinus Series ☐ Skull ☐ Orbits ☐ Sinus/Waters only ☐ Facial Bones ☐ Chest ☐ Abdomen (KUB) ☐ Ribs ☐ Soft Tissue Neck ☐ Sitzmark Study Spine ☐ Scoliosis Series: PA ☐ PA/Lat ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Complete ☐ Limited Extremity ☐ Hand ☐ # Views ☐ Right ☐ Left ☐ Finger ☐ Wrist ☐ Forearm ☐ Humerus ☐ Shoulder ☐ Foot ☐ Toes ☐ Ankle ☐ Knee ☐ Standing Knees AP ☐ Tib-Fib ☐ Femur ☐ Hip ☐ Clavicle ☐ SI Joints ☐ Pelvis ☐ Other: _____
BONE DENSITOMETRY ☐ DXA L-Spine & Hip ☐ Body Fat Analysis (bmi)	NUCLEAR MEDICINE ☐ Nuclear Bone Scan ☐ Thyroid Uptake and Scan ☐ Hida w/CCK ☐ Gastric Empty ☐ Other: _____ Cardiac Stress Test ☐ Treadmill ☐ Lexiscan ☐ Other: _____	



Patient Instructions

Medications should be taken and where fasting is required, a small amount of water may be taken to swallow pills.

Directions to Imaging & Lab Services Hattan Building



Pre-register for your appointment!

- On the phone, 458-5500, 7:30am to 5:00pm
- In person at FMH Information Desk, Main Lobby

To pre-register you will need:

- Name of procedure
- Date of procedure
- Patient information including address, phone, birth date and employment
- Emergency contact information
- Applicable insurance information

The day of your procedure:

- Predetermine the most convenient entrance
- Bring a photo ID
- Bring insurance cards
- Bring deductible or co-payments
- Current Medicaid coupons

Diagnostic Radiology

Procedure	Patient Instructions
☐ Barium Swallow	Nothing to eat or drink (including water) after midnight the evening before.
☐ Upper GI	*SB may take 2 to 4 hours or more.
☐ Small Bowl Series*	
☐ Barium Enema	You will need to pick up a BE prep kit.
☐ Barium Enema with Air Contrast	Follow the instructions included inside.

All other general radiology exams require no prep.

PET -CT

TBD

CT Scan

Procedure	Patient Instructions
☐ CT Abdomen	No solid food two (2) hours prior to exam Drink 8oz water 60 minutes, 45 minutes, 30 minutes, then 15 minutes prior to check in.
☐ CT Abdomen/ Pelvis	No solid food two (2) hours prior to exam. Complete the water prep starting 1 hour before your check in time: 1. Drink 8 oz. of water 60 minutes prior to check in time 2. Drink 8 oz. of water 45 minutes prior to check in time 3. Drink 8 oz. of water 30 minutes prior to check in time 4. Drink 8 oz. of water 15 minutes prior to check in time
☐ CT Calcium Scoring	No caffeine the morning of exam. No exercise the morning of the exam.
☐ CT Enterography	Do not eat or drink (except water) four (4) hours prior to exam. Your prep will be given to you by the technologist when you arrive.

Ultrasound

No patient preparation is necessary for breast, carotid Doppler, cranial, testicular, renal transplant, venous Doppler, ABIs, and vein mapping studies.

Fasting patient preparation: Fasting exams include abdomen, aorta, liver transplant, vascular screening, and abdominal Doppler studies. Do not drink (including water), smoke or chew gum for 8 hours prior to the exam. Please take your medicines with a small sip of water.

Water patient preparation: Drink plenty of clear liquids the day prior to the exam. Arrive with a full bladder. For a renal ultrasound finish drinking 24 oz. of water 30 minutes prior to the exam and do not urinate until after the test. For a pelvic or OB exam complete drinking 32 oz. of water one hour prior to the exam and do not urinate until after the exam.

Bone Densitometry

No calcium supplements or multi vitamins the day of your exam. Wear comfortable clothing without zippers or metal. Do not schedule Nuclear Medicine or studies with Barium prep within one week prior to exam

Digital Mammography

No deodorant, powder or lotion.

MRI

Patients will be asked to remove all metal from their person (i.e. earrings, watches, bobby pins, barrettes, cell phones, etc.) and credit cards. Lockers are provided. Patients will be required to change into provided gown and pants prior to MRI examination For MRCP, MRIs of the liver, and MR Enterography, the patient should not have anything to drink (including water) or eat 4 hours prior to exam.

Renal patients: If you have a history of kidney failure and are scheduled for an MRI with IV contrast, please give us a call as soon as possible before your scheduled appointment. Our technologist will be checking your laboratory results and consulting a radiologist to determine the safest way to proceed with your examination.