

IMAGING ORDER FORM

Patient Name _____ Phone _____ DOB _____

Diagnosis and Symptoms _____

Scheduled: | Date: _____ Time: _____ Pre-Authorization #: _____

XRAY

- ☐ Chest PA and Lateral
- ☐ Abdomen (KUB)
- ☐ Abdomen (Flat and Upright)
- ☐ Ribs _____
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Shoulder R or L
- ☐ Elbow R or L
- ☐ Wrist R or L
- ☐ Hand R or L
- ☐ Finger _____
- ☐ Knee R or L
- ☐ Hip R or L
- ☐ Pelvis
- ☐ Ankle R or L
- ☐ Foot R or L
- ☐ Orbits (Screening)
- ☐ Other _____

ULTRASOUND

- ☐ Abdomen Limited/ RUQ
- ☐ Abdomen Complete
- ☐ Breast R or L Bilat
- ☐ Pelvis
- ☐ Renal/Bladder
- ☐ Aorta
- ☐ Carotid
- ☐ Thyroid
- ☐ Pelvic/Transvaginal
- ☐ Testicular
- ☐ Upper Extremity Arterial R or L
- ☐ Lower Extremity Arterial R or L
- ☐ Upper Extremity Venous R or L
- ☐ Lower Extremity Venous R or L
- ☐ OB-1st Trimester
- ☐ Other _____

CT

- ☐ Brain (w/o Contrast) 70450
- ☐ Brain (w/o & w/ Contrast) 70470
- ☐ Abd. (w/o & w/ IV Contrast) 74170
- ☐ Abdomen (w/ IV Contrast) 74160
- ☐ Abdomen (w/o IV Contrast) 74150
- ☐ Abd/Pelvis (w/o and w/ IV Contrast) 74178
- ☐ Abd/Pelvis (w/ IV Contrast) 74177
- ☐ Sinuses/Maxillofacial (w/o) 70486
- ☐ Chest (no IV contrast) 71250
- ☐ Chest/Abd/Pelvis (w/ IV Contrast) 71250
- ☐ Cervical (w/o Contrast) 70490
- ☐ Upper Extremity (w/o Contrast) 73200
- ☐ Lower Extremity (w/o Contrast) 73700
- ☐ Lumbar (w/o Contrast) 72131
- ☐ Soft Tissue Neck (w/ IV Contrast) 70491
- ☐ CTA Abd/Pelvis (w/o and w/ IV Contrast) 74174
- ☐ CTA Abdomen (w/o and w/ IV Contrast) 74175
- ☐ CTA Pelvis (w/o and w/ IV Contrast) 72191
- ☐ CTA Chest for PE (w/o and w/ IV Contrast) 71275
- ☐ Other _____

MRI

- ☐ Brain (w/o Contrast) 70551
- ☐ Brain (w/o and w/ Contrast) 70553
- ☐ Cervical (w/o Contrast) 72141
- ☐ Cervical (w/o and w/ Contrast) 72147
- ☐ Thoracic (w/o Contrast) 72156
- ☐ Lumbar (w/o Contrast) 72148
- ☐ Lumbar (w/o and w/ Contrast) 72158
- ☐ Hip R L Bilat 73721
- ☐ Pelvis 72195
- ☐ Knee R or L 73721
- ☐ Ankle R or L 73721
- ☐ Foot R or L 73718
- ☐ Shoulder R or L 73221
- ☐ Elbow R or L 73221
- ☐ Wrist R or L 73221
- ☐ Hand R or L 73218
- ☐ Soft Tissue Neck (w/o and w/ Contrast) 70543
- ☐ Brachial Plexus 71550
- ☐ Abdomen (w/o and w/ Contrast) 74183
- ☐ Abdomen (w/o Contrast) 74181
- ☐ MRCP (w/o and w/ Contrast) 74183
- ☐ MRA Intracranial 70544
- ☐ MRA Carotids (w/Contrast) 70549
- ☐ MRA Abd (w/o and w/ Contrast) 74185
- ☐ Other _____

***All patients 65+yrs, and/or Diabetic, must have a Creatinine performed prior to all contrasted exams:**

- Within the 45 days prior to all contrasted exam, if normal, or
- Within 10 days prior to contrasted exam if abnormal.

*** Please discontinue Metformin 48hrs prior to Contrasted Exam.**

Special Instructions: _____

Ordering Provider (please print): _____ Signature _____

Phone: _____ FAX: _____

PLEASE CALL 260-212-1901 TO SCHEDULE. FAX COMPLETED ORDER TO 260-999-5889 (FRONT ONLY).