

Diagnosis: \_\_\_\_\_

- 
- Report only
- 
- CD
- 
- Portal

**MRI**

- 
- Brain
- 
- 
- IACs
- 
- 
- Pituitary
- 
- 
- Orbits
- 
- 
- C-Spine
- 
- 
- T-Spine
- 
- 
- L-Spine
- 
- 
- Soft Tissue Neck
- 
- 
- Abdomen
- 
- 
- Pelvis
- 
- 
- Shoulder
- 
- 
- Elbow
- 
- 
- Wrist
- 
- 
- Hand
- 
- 
- Hip
- 
- 
- Knee
- 
- 
- Ankle
- 
- 
- Foot
- 
- 
- Other \_\_\_\_\_

**Arthrography**

- 
- Hip
- 
- L
- 
- R
- 
- 
- Wrist
- 
- L
- 
- R
- 
- 
- Shoulder
- 
- L
- 
- R
- 
- 
- Knee
- 
- L
- 
- R
- 
- 
- Other (Please Specify) \_\_\_\_\_

- 
- L
- 
- R
- 
- 
- L
- 
- R
- 
- 
- L
- 
- R
- 
- 
- L
- 
- R
- 
- 
- L
- 
- R
- 
- 
- L
- 
- R
- 
- 
- L
- 
- R
- 
- 
- L
- 
- R

**X-Ray**

- |   |                                   |                            |                            |                            |
|---|-----------------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> C-Spine              | <input type="checkbox"/> Shoulder | <input type="checkbox"/> L | <input type="checkbox"/> D | <input type="checkbox"/> R |
| <input type="checkbox"/> T-Spine              | <input type="checkbox"/> Humerus  | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> L-Spine              | <input type="checkbox"/> Elbow    | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Scoliosis            | <input type="checkbox"/> Forearm  | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Pelvis               | <input type="checkbox"/> Wrist    | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Chest                | <input type="checkbox"/> Hand     | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> KUB                  | <input type="checkbox"/> Ribs     | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Skull                | <input type="checkbox"/> Hip      | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Facial               | <input type="checkbox"/> Femur    | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Orbits               | <input type="checkbox"/> Knee     | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Sinus                | <input type="checkbox"/> Tib/Fib  | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> SI Joints            | <input type="checkbox"/> Ankle    | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Bone Age             | <input type="checkbox"/> Foot     | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Finger (Digit) _____ |                                   | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Toe (Digit) _____    |                                   | <input type="checkbox"/> L | <input type="checkbox"/> L | <input type="checkbox"/> R |

- 
- Soft Tissue Neck
- 
- 
- Abdomen w/ Upright
- 
- 
- Sacrum/Coccyx
- 
- 
- Other \_\_\_\_\_

**Bone Densitometry**

- 
- DEXAScan
- 
- 
- Body Composition

**Contrast**

- 
- Without
- 
- With
- 
- Without/With

**MRA**

- 
- Head (COW)    w/o contrast is routine
- 
- 
- Carotid    Contrast optional
- 
- 
- Other \_\_\_\_\_

**Upright Protocols**

- 
- Cervical
- 
- Flex.
- 
- Ext.
- 
- ALAR
- 
- 
- Thoracic
- 
- 
- Lumbar
- 
- Flex.
- 
- Ext.
- 
- 
- Other (Please Specify) \_\_\_\_\_

**CT Scan**

- 
- Brain
- 
- Cervical Spine
- 
- Pelvis
- 
- 
- Sinuses
- 
- Thoracic Spine
- 
- Abdomen and Pelvis
- 
- 
- Neck
- 
- Lumbar Spine
- 
- Other: \_\_\_\_\_
- 
- 
- Chest
- 
- Abdomen

- 
- Oral Contrast
- 
- Without
- 
- 
- IV Contrast
- 
- With
- 
- 
- Without & With
- 
- If patient is over 60, diabetic, or has high blood pressure current Creatinine/BUN is required

**Ultrasound**

- 
- Abdomen
- 
- Pelvis (Transabdominal)
- 
- OB    \_\_\_\_\_ Trimester
- 
- 
- RUQ/IGB. Liver)
- 
- Pelvis (Transvaginal)
- 
- Echo
- 
- 
- Renal
- 
- Thyroid
- 
- Breast
- 
- L
- 
- R
- 
- 
- Renal Artery Doppler
- 
- Arterial Imaging
- 
- Upper
- 
- Lower
- 
- L
- 
- R
- 
- 
- Scrotal
- 
- Venous Doppler
- 
- Upper
- 
- Lower
- 
- L
- 
- R
- 
- 
- Soft Tissue Non-Vascular (Please Specify Location) \_\_\_\_\_
- 
- 
- Other \_\_\_\_\_

**Mammography**

- 
- Screening (Bilateral)
- 
- 
- Diagnostic
- 
- Bilateral
- 
- L
- 
- DR
- 
- 
- Include Ultrasound
- 
- Bilateral
- 
- L
- 
- DR

**CTA**

- 
- Head
- 
- Abdomen
- 
- 
- Neck
- 
- Abdomen and Pelvis
- 
- 
- Chest
- 
- Abdomen and Pelvis w/ Runoff

**Nuclear Medicine**

- 
- Bone Scan
- 
- Thyroid Uptake & Scan
- 
- Renal Function
- 
- Quantitative Lung Scan
- 
- HIDA w/ CCK
- 
- 
- 3 Phase Bone Scan
- 
- Liver/Spleen Scan
- 
- Renal Function w/ Lasix
- 
- Salivary Gland Scan
- 
- Other
- 
- 
- Gastric Emptying
- 
- MUGA
- 
- Renal Function w/ Captopril
- 
- Testicular Scan    \_\_\_\_\_
- 
- 
- HIDA Scan
- 
- First Pass MUGA
- 
- Parathyroid
- 
- DaT Scan    \_\_\_\_\_

**PET/CT**

- 
- FDG Oncology PET (Eyes to Thighs)
- 
- F-18 NaF Bone
- 
- Other: \_\_\_\_\_
- 
- 
- FDG Oncology PET (Whole Body - Melanoma)
- 
- Cardiac Viability    \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_