

# THE IMAGING CENTER

Main: 970-282-2900 • Scheduling 970-282-2912 • Fax 970-282-9800

at Harmony: 2127 E. Harmony Road • Fort Collins, CO • 80528

STAT CALL Phone # \_\_\_\_\_

STAT FAX Fax # \_\_\_\_\_

## REQUEST FOR RADIOLOGY SERVICES

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Check-In Time \_\_\_\_\_ Appointment Time \_\_\_\_\_ Date \_\_\_\_\_ Referring Physician \_\_\_\_\_

Diagnosis or pertinent history, REQUIRED _____	ICD-10 diagnosis code(s), REQUIRED _____
Signs and symptom(s), REQUIRED _____	Referring Physician's Signature : _____
	<i>No Rubber Stamps</i>

### X-RAY

Appointments Are Not Needed unless indicated

Do not allow radiologist to determine, without notifying treating physician/practitioner, the parameters of diagnostic test including the use of or non use of contrast media.

<b>Chest</b> PA & Lateral Chest <input type="checkbox"/> PA or AP Chest <input type="checkbox"/> Ribs: (includes PA chest) L <input type="checkbox"/> R <input type="checkbox"/> Decubitus Chest: L <input type="checkbox"/> R <input type="checkbox"/> Sternum <input type="checkbox"/>	<b>Lumbar Spine:</b> 3 Views (AP, Lat, Spot) <input type="checkbox"/> 4 Views (AP, Lat, Flex/Ext) <input type="checkbox"/> 5 Views (AP, Lat, Spot, Obliques) <input type="checkbox"/> 7 Views (AP, Lat, Spot, Flex/Ext, Obl's) <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/>	<b>Tib/Fib</b> L <input type="checkbox"/> R <input type="checkbox"/> <b>Ankle</b> L <input type="checkbox"/> R <input type="checkbox"/> <b>Foot</b> L <input type="checkbox"/> R <input type="checkbox"/> <b>Heel</b> L <input type="checkbox"/> R <input type="checkbox"/> <b>Toe</b> L <input type="checkbox"/> R <input type="checkbox"/> Other _____ <input type="checkbox"/> <b>Bone Survey</b> _____ <input type="checkbox"/> (Primary neoplasm)
<b>Abdomen</b> KUB <input type="checkbox"/> ABD 2 Way (Upright & KUB) <input type="checkbox"/> ABD 3 Way (Upright, KUB and PA chest) <input type="checkbox"/>	<b>Upper Extremity</b> Clavicle L <input type="checkbox"/> R <input type="checkbox"/> AC Joints (Bilat with & w/o weights) <input type="checkbox"/> Shoulder L <input type="checkbox"/> R <input type="checkbox"/> Humerus L <input type="checkbox"/> R <input type="checkbox"/> Elbow L <input type="checkbox"/> R <input type="checkbox"/> Forearm L <input type="checkbox"/> R <input type="checkbox"/> Wrist L <input type="checkbox"/> R <input type="checkbox"/> Hand L <input type="checkbox"/> R <input type="checkbox"/> Finger L <input type="checkbox"/> R <input type="checkbox"/> Bone Age L <input type="checkbox"/>	<b>Appointments are required for the following.</b>
<b>Skull and Face</b> Skull: Routine <input type="checkbox"/> or AP, Lat <input type="checkbox"/> Sinuses: Routine <input type="checkbox"/> or Waters only <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Mandible <input type="checkbox"/> Orbit <input type="checkbox"/>	<b>Lower Extremity</b> Pelvis <input type="checkbox"/> Hip (includes AP Pelvis) L <input type="checkbox"/> R <input type="checkbox"/> SI Joints <input type="checkbox"/> Femur L <input type="checkbox"/> R <input type="checkbox"/> Knee: 2 Views (AP, Lat) L <input type="checkbox"/> R <input type="checkbox"/> 3 Views (AP, Lat, Oblique) L <input type="checkbox"/> R <input type="checkbox"/> 4 Views (AP, Lat, tunnel, Pat) L <input type="checkbox"/> R <input type="checkbox"/> Standing <input type="checkbox"/>	
<b>Spine</b> <b>Cervical Spine:</b> 3 Views (AP, Lat, Odontoid) <input type="checkbox"/> 4 Views (AP, Lat, Flex/Ext) <input type="checkbox"/> 5 Views (AP, Lat, Odontoid, Obl's) <input type="checkbox"/> 7 Views (AP, Lat, Odontoid, Flex/Ext, Obliques) <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Scoliosis <input type="checkbox"/> Thoracolumbar <input type="checkbox"/>	<b>Fluoroscopic Exams</b> Esophagram <input type="checkbox"/> Upper GI <input type="checkbox"/> Upper GI and SB Follow Through <input type="checkbox"/> Small Bowel only <input type="checkbox"/> Barium Enema (Single Contrast) <input type="checkbox"/> Barium Enema (Air Contrast) <input type="checkbox"/> Voiding Cystourethrogram (VCUG) <input type="checkbox"/> Cystogram <input type="checkbox"/> IVP (with tomograms) <input type="checkbox"/> <b>Bone Densitometry*</b> Dexa <input type="checkbox"/> Date of Last BMA: _____	

### ULTRASOUND

Requires Appointments For All Exams

Do not allow radiologist to determine, without notifying treating physician/practitioner, the parameters of diagnostic test including the use of or non use of contrast media.

<b>Abdomen</b> <input type="checkbox"/> (Liver, Bileducts, Pancreas, Gallbladder, Kidneys, Spleen) <b>Renal (Kidneys &amp; Bladder)</b> <input type="checkbox"/> <b>Aorta</b> <input type="checkbox"/> <b>Transvaginal Pelvic</b> <input type="checkbox"/> (Uterus & Ovaries) <b>Thyroid</b> <input type="checkbox"/> <b>Testicular</b> <input type="checkbox"/>	<b>Venous Doppler: For DVT Lower Extremity:</b> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> <b>Upper Extremity:</b> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> <b>Carotid Doppler</b> <input type="checkbox"/> <b>Portal Venous Doppler</b> <input type="checkbox"/>	<b>Palpable Lump</b> <input type="checkbox"/> Site _____ <b>Hernia</b> <input type="checkbox"/> Site _____ <b>Obstetrical/Fetal/OB Limited OB (AFI) Early OB</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Other</b> _____ _____ _____ _____ _____
---	--	---	--

# CT \*

Requires Appointments For All Exams

Do not allow radiologist to determine, without notifying treating physician/practitioner, the parameters of diagnostic test including the use of or non use of contrast media.

## Brain

- Trauma, stroke, TIA, mental status change (w/o contrast)
- Known Mass, Infection (with and w/o contrast)
- History of cancer (with and w/o contrast)

## Chest

- Mass, new nodule (with contrast)
- F/u nodule, poor renal fxn (w/o contrast)
- Cough, SOB, cxr abnormality, pneumonia (with contrast)
- Interstitial lung disease (Hires w/o contrast)
- Pulmonary Embolism (CTA) (with contrast and reconstructions)

## Abdomen and Pelvis

- Routine, Pain (with contrast)
- Renal Stone (w/o contrast)
- Appendicitis (with contrast)
- Diverticulitis (with contrast)
- Retroperitoneal bleed, hematoma (w/o contrast)
- Kidney (Mass, hematuria) (with and w/o contrast)
- Urogram (with and w/o contrast) (and 3D Reconstructions)

## Abdomen only (Diaphragm → iliac crest)

- Routine, Pain (with contrast)
- Poor Renal Fxn (w/o contrast)
- Liver (Hepatitis, elevated LFT's) BI Phase
- Liver Mass (with and w/o contrast)
- Pancreas (Mass) (with and w/o contrast)
- (New Mass) Adrenal Glands (Abdomen only) (with and w/o contrast)
- Follow-up Adrenal mass (w/o contrast)
- Follow-up Renal mass (with contrast)

## Pelvis only (iliac crest → pubic symphysis)

- Pelvis Mass, Pain (with contrast)
- Poor Renal Fxn (w/o contrast)
- Injury, bony lesion or fracture (w/o contrast)

## Extremity

3D Reconstructions

- Lower w/o contrast (injury, pain, fracture, bone lesion) Site \_\_\_\_\_ L  R
- Lower with and w/o contrast (Soft tissue mass, infection, abscess) Site \_\_\_\_\_ L  R
- Upper w/o contrast (injury, pain, fracture, bone lesion) Site \_\_\_\_\_ L  R
- Upper with and w/o contrast (Soft tissue mass, infection, abscess) Site \_\_\_\_\_ L  R

## Neck

- Salivary glands (with and w/o contrast)
- Mass, lymphadenopathy (with contrast)

## Sinus CT

- Sinusitis (w/o contrast) Fusion  Landmark  Routine
- Mass Characterization (w/o contrast)
- Facial Bones (for trauma) (w/o contrast)
- Orbits (mass, soft tissue, cellulitis) (with & w/o contrast)
- Temporal Bone / IAC (w/o contrast)

## Spine

3D Reconstructions

- Cervical (w/o contrast)
- Thoracic (w/o contrast)
- Lumbar (w/o contrast)

## CT Guided Biopsy

Biopsy: Site \_\_\_\_\_

## Other

## CT: Most Recent Serum Creatinine

Date: \_\_\_\_\_

## CT ANGIOGRAMS

Requires appointments for all exams. All exams are contrast and require reconstructions unless otherwise indicated

Thoracic Aorta CTA (Arch → diaphragm)

Thoracic and Abdominal CTA (Arch → iliac bifurcation)

Thoracic, Abdominal and Pelvic CTA (Arch → groin)

Abdominal and Pelvic CTA (Diaphragm → groin)

Endograft planning CTA

Endograft F/U CTA (with and w/o contrast)

Pelvic CTA (Distal aorta → groin)

Aorta w/runoff CTA (diaphragm → toes)

Renal Artery CTA

Mesenteric Artery CTA

Carotid Artery CTA

Circle of Willis CTA

Coronary Artery CTA (with and w/o contrast)

Pulmonary Artery CTA (PE)

Ensite

Upper Extremity CTA R  L

Other \_\_\_\_\_

## CARDIAC CALCIUM SCORING

Requires Appointments For All Exams

## LUNG CANCER SCREENING

Requires Appointments For All Exams

## VIRTUAL COLONOSCOPY

Requires Appointments For All Exams

## INTERVENTIONAL & PAIN MANAGEMENT

Requires Appointments For All Exams

Epidural Injection  Nerve Block

SI Injection  Arthrogram L  R

Facet Injection  Joint \_\_\_\_\_

Joint Injection

PICC Line Insertion  Other \_\_\_\_\_

Patient Name: \_\_\_\_\_