Imaging Request

Heritage Square
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Please bring this form, an I.D. and your insurance card with you on the day of your exam.

Appointment Date:______________________ **Appointment Time:**________________ **Today's Date:**______________

Patient's Name:____ **Date of Birth:**________________

Clinical History/Reason for Exam:____

☐ **Obtain Authorization:**____ ☐ **Authorization Obatined**

Insurance Information:______________________________________ **Patient's Phone:**______________________

Referring Physician:________________________________ **Physician Signature:**__________________________

Phone:________________ **Fax:**________________ ☐ **Patient to bring images to Doctor** ☐ **Report Only**

☐ **CALL IN STAT RESULTS** ☐ **CC Report to:**__________________________ ☐ **CD** ☐ **FILMS**

MR

MRI

☐ **With & Without Contrast**
☐ **With Contrast**
☐ **Without Contrast**
☐ Brain
  ☐ w/special attention to IAC
  ☐ w/special attention to Pituitary
☐ Orbits
☐ TMJ
☐ Neck - Soft Tissue
☐ Spine:
  ___Cervical__Thoracic__Lumbar
☐ Extremity: Joint __Left __Right
  Specify body part______________
☐ Extremity: Non-joint __Left __Right
  Specify body part______________
☐ Chest
☐ Abdomen
  __Adrenals __MRCP
☐ Pelvis
  __Bony __Soft Tissue
☐ Other:____________________

MR Angiography (incls veins)

☐ **With & Without Contrast**
☐ **With Contrast**
☐ **Without Contrast**
☐ Brain
☐ Neck - Carotids
☐ Abdomen
☐ Other:____________________

MR Arthrography __Left __Right

☐ Shoulder
☐ Elbow
☐ Wrist
☐ Hip
☐ Knee
☐ Ankle

☐ **HIGH FIELD MRI**
☐ **OPEN MRI**

CT

Diagnostic CT

☐ **With & Without Contrast**
☐ **With Contrast**
☐ **Without Contrast**
☐ Brain
☐ Orbits
☐ IAC Middle Ear
☐ Maxillofacial - Facial Bones
  __Bones __Implants
☐ Sinus (Maxillofacial)
☐ Neck (soft tissue)
☐ Spine:
  __Cervical __Thoracic __Lumbar
☐ Extremity__Left __Right
  Specify body part____________
☐ Chest
☐ Abdomen (pelvis if indicated)
☐ Abdomen and Pelvis
☐ Urogram (abdomen/pelvis)
☐ Pelvis
☐ Other:__________________

Creatinine:________________
Lab Date:________________

Fluoroscopy

☐ Arthrography
Specify body part______________
☐ Esophagram
☐ Hysterosalpingogram (HSG)
☐ UGI
☐ UGI w/SBFT
☐ Small Bowel
☐ Barium Enema
☐ Other:________________

X-Ray

☐ Head:
  __Skull __Orbits __Sinuses
☐ Spine:
  __Cervical __Thoracic __Lumbar
☐ Chest: __PA ____PA/LAT
☐ Ribs:
  __Unilateral__Bilateral __w/PA Chest
☐ Abdomen: __KUB __Two Views
☐ Pelvis
☐ Hips w/AP pelvis, bilateral
  __Unilateral __Left __Right
☐ Extremity:
  __Left __Right __Bilateral
Specify Body Part______________
☐ Other:____________________
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____
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Other

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