



REQUEST FOR RADIOLOGY EXAMS
Scheduling & Pre-Registration Number:

830-258-7373

Fax Number: Hospital and ACC: 830-258-7994

All Patients Must Register Before Appointment

ULTRASOUND

- SCHEDULED EXAMS**
- Abdomen * # F/UP * # Aorta AAAA Screening
 - Liver * # Echocardiogram 2-D #
 - Gallbladder * # Carotid Doppler #
 - Pancreas Pleural Effusion
 - Thyroid Soft Tissue-Head/Neck
 - Renal Echo * # Renal Doppler *
 - OB-Complete * F/UP Pelvic-Complete * F/UP
 - Transvaginal (if needed) Transvaginal
 - Urinary Bladder Testicular Penile
 - Rt. Lt. Bil.
 - Upper Lower Extremity # Venous Arterial
 - Upper Lower Extremity ABI# Limited Multi Level
 - Thoracic Outlet Vaso-spastic Study Dialysis Graft
 - Other _____
- Special Inst. _____

RADIOGRAPHY

- SCHEDULED EXAMS**
- Arthrogram Rt. Lt. Bil Shoulder Hip
 - Barium Enema* With Air UGF * With Air
 - Barium Swallow Modified Barium Swallow
 - Cystogram* VCUG* IVP*
 - SBFT* Lumbar Puncture Other Fluoroscopy
 - Myelogram Cervical Thoracic Lumbar
- NON-SCHEDULED EXAMS**
- Skull Facial Bones Sinuses Nasal Bones
 - (2/3) Complete C-Spine T-Spine L-Spine
 - Abdomen 1v Abdomen (Flat & Upright)
 - Chest (PA) # Chest (PA/Lat.) # Chest (PA/Lat./Decub) #
 - Ribs 2v Ribs 2v/ w/ 1v CXR Ribs Bil w/Obliq/1v CXR
 - Rt. Lt. Bil.
 - Hip 2v w/AP Pelvis Pelvis 1v Femur 2v Tib/Fib 2v
 - Knee 3v Ankle 3v Foot 3v Toe 3v
 - Rt. Lt. Bil.
 - Wrist 3v Hand 3v Finger 3v
 - Shoulder 2v Humerus 2v Elbow 3v
 - Forearm 2v
 - Other Exam _____
- Special Instructions _____

Patient Name _____ Date _____
 DOB _____
 DX and ICD-10 Codes _____

(Please include any signs/symptoms that patient may be having)

Clinical HX _____

Provider (print): _____

Copies to: _____

PROVIDER'S SIGNATURE (Required)

CAT SCAN

- SCHEDULED EXAMS**
- Oral IV With Without With/Without
 - Brain # Chest #
 - Sinus/Maxillofacial High Resolution Chest
 - Attn. _____ Abdomen/Pelvis
 - Temporal Bone Abdomen Only*
 - Upper Ext. _____ Pelvis Only*
 - Lower Extremity _____ Stone Protocol
 - Arthrogram _____ Neck Soft Tissue
 - SPINE - Cervical Thoracic Lumbar
 - Virtual Colon Intero-graphy Other _____
- Special Inst. _____

CTA

- Abdomen/Pelvis Chest/PE
 - Renals Chest/Aorta
 - Abdomen Head/Circle of Willis
 - Pelvis Neck/Carotids
 - Abdominal Aorta w/Bilateral Runoff
- Any CT's Done with Oral or IV Contrast **Must Be NPO**
for at Least 4 Hours Before Exam.
- eGFR - _____ Creatinine - _____

MAMMOGRAPHY

BREAST DIAGNOSTICS & DEXA

- SCHEDULED EXAMS**
- SCREENING MAMMOGRAM
(or Diagnostic if screening mammogram is abnormal, Breast Ultrasound if needed)
 - DIAGNOSTIC MAMMOGRAM
 - BREAST ULTRASOUND
 - BREAST MRI w/WO Rt. Lt. Bilateral
- Additional Views**
- Needle Localization**
- Mag. Spot Mammography Guided
 - Rt. Lt. Ultrasound Guided
 - Bilateral Rt. Lt.
- DEXA Complete Breast Imaging Workup
(per Radiologist discretion)

*Exams that require special prep. Please contact dept. for PI Instructions.
Exams that fall under Medicare Medical Necessity.

For ordering of invasive radiology procedures, please refer to the
OUTPATIENT REQUEST FOR CARDIAC CATHETERIZATION,
INTERVENTIONAL RADIOLOGY, AND DIAGNOSTIC INVASIVE
PROCEDURES forms.

MRI

SCHEDULED EXAMS

- Contrast** Without With & Without
- C-Spine # T-Spine # L-Spine
- Brain # Attn. IAC's # Attn. Pituitary #
- Face # Neck# Orbits #
- Chest Abdomen Pelvis
- MRV Brain MR Entero-graphy # MRCP #
- Right Left Arthrograph# Shoulder # Humerus#
- Forearm # Elbow # Wrist# Hand # Hip#
- Femur# Knee # Tib/Fib# Ankle # Foot #
- Other Exam _____
- Special Instructions/Attn. _____

MRA

- Contrast** Without With & Without
- Head (Circle of Willis) Aorta-Abdominal
- Neck (Carotid) Renal Artery
- MRI Angio Runoff
- Other _____

Oral Sedation * FOLLOW DOCTOR INSTRUCTIONS

IV Sedation * NPO AFTER MIDNIGHT

IF YOU HAVE ANY SEDATION YOU MUST BRING A DRIVER.

Is patient claustrophobic? _____

NUCLEAR MEDICINE

SCHEDULED EXAMS

- Bone Scan**
- Lung Ventilation & Perfusion
- Lung Perfusion Scan Only
- Liver/Spleen Scan
- MUGA Scan*
- Gastric Emptying Scan*
- Gallium Scan*
- Whole Body*
- Limited Area*
- Indium WBC Scan
- Whole Body
- Limited Area
- Technetium WBC Scan
- Flow & Function
- Lasix Washout*
- Captopril Challenge*
- Cisternogram*
- RBC Liver Icternangioma*
- RBC GI Bleed Scan*
- WBC Scan*
- Myocardial Perfusion Scan #*
- Lexiscan
- Treadmill
- Dobutamine
- Special Instructions _____