

IMAGING SERVICES REQUEST FORM

Step 1

Fill out form completely*

Step 2

Fax form to 541.472.5178

Step 3

Call 541.472.5154 to schedule

* If required, prior authorizations must be obtained before scheduling.

Patient name _____ DOB _____ Gender M F

Contact phone _____

Insurance carrier(s) _____

Prior authorization # _____

Written indication _____

DX code _____

Referring provider _____

Provider phone _____

Provider signature _____

Provider fax _____

Exam scheduled _____ Exam time _____

Exam priority: Routine report STAT/Call report

Labs — For all CT or MRI exams where IV Contrast is requested for patients aged 65 or older.

BUN _____ Creatinine _____

Date of results (must be <30 days old) _____

Are there prior studies for comparison? Yes No If Yes, date and location _____

CT SCAN

Circle one

Head IAC Sinuses
 Orbits Facial Bones

- Neck
 Cervical Spine
 Chest
 Lung Cancer Screening
 High Res. Lung
 Thoracic Spine
 Abdomen/Pelvis
 Lumbar Spine
 CT KUB (Renal Colic)
 Extremity (specify) _____

(R L Bilat)

IV Contrast

- without
 with
 with & without

ECG 12 LEAD

ABI STUDY

DXA BONE DENSITOMETRY

SLEEP STUDY

MRI/MRA

Circle one

Brain Pituitary
 Orbits IAC
 Soft Tissue Neck
 Brachial Plexus

Spine

- Cervical
 Thoracic
 Lumbar (includes Sacrum)

Body

Abdomen: specific organ _____

Pelvis
 Other _____

Extremities

(R L)

Circle one
 Shoulder Elbow Wrist

Circle one
 Knee Ankle Foot

Hand

Hip

IV Contrast

- without
 with & without

MR ANGIOGRAPHY

- Circle of Willis
 Carotids
 Thoracic A.
 Abdominal A.
 Lower Extremity Runoff
 Other _____

CT ANGIOGRAPHY

- Circle of Willis (COW)
 Pulmonary
 Carotids
 Arch/4 Vessel
 Thoracic Aorta
 Abdominal/Pelvic
 Lower Extremity Runoff
 Upper Extremity (R L)

ULTRASOUND

- Abdomen OB
 Pelvis Aorta
 Renal DVT
 Testicular
 Thyroid
 Carotids
 Other _____

DIAGNOSTIC X-RAY

Circle one

- Sinuses Nasal Bones Orbits
 Mandible Sternum
 Chest PA/Lat Pelvis AP
 Soft Tissue Neck
 Abdomen (KUB)
 Pelvis w/Frogleg
 MRI Orbit Screening (1v)
 Ribs (R L Bilat)
 Flat/Upright Abdomen
 Other _____

Extremities

(R L Bilat)

- Clavicle Shoulder
 Humerus Elbow
 Forearm Wrist
 Hand
 Hip Femur
 Knee Tib/Fib
 Ankle Foot
 Other _____

Spine

- Cervical _____
 Thoracic _____
 Lumbar _____