# Ascension Saint Thomas | Premier Radiology

☐ Belle Meade ☐ Briarville ☐ Cool Springs ☐ Hendersonville ☐ Lenox Village ☐ New Salem ☐ Smyrna
☐ Bellevue ☐ Charlotte ☐ Gallatin ☐ Hermitage ☐ Mt. Juliet ☐ Saint Thomas Midtown ☐ South Nashville | Antioch
☐ Brentwood ☐ Clarksville ☐ Green Hills ☐ Lebanon ☐ Murfreesboro ☐ Saint Thomas West ☐ Upright MRI

☐ **SCHEDULE**
☐ **PRE-CERT**
☐ **WALK-IN**

**APPOINTMENT DATE:** _____ TIME: _____ SS#: _____ D.O.B.: _____/_____/_____

PATIENT'S NAME: _____ PHONE: _____

INSURANCE: _____ GROUP#: _____ POLICY#: _____

PRE-CERT#: _____ ***Please fax copies of insurance cards and physician's notes if we are obtaining pre-cert***

EXAM(S): _____ ICD10 Code: _____

SIGNS/SYMPTOMS/DIAGNOSIS: _____

**REFERRING PROVIDER SIGNATURE:** _____

REFERRING PROVIDER - PRINT NAME: _____ PHONE: _____ FAX#: _____

**SPECIAL INSTRUCTIONS:** _____ ☐ Send CD with Patient

## MRI

☐ **1.5T** ☐ **3.0T** *(Belle Meade, Midtown, West)*
☐ **OPEN** ☐ **UPRIGHT**

☐ ABDOMEN **w/ and w/o contrast**
☐ Liver ☐ Kidneys ☐ Pancreas
☐ ABDOMEN **w/o contrast**
☐ BRACHIAL PLEXUS **w/ and w/o contrast**
☐ L ☐ R
☐ BRAIN **w/ and w/o contrast**
☐ Attn IAC ☐ Attn Sella ☐ Attn Orbits
☐ MRA Head ☐ MRA Neck

☐ BRAIN **w/o contrast**
☐ BREAST **w/ and w/o contrast**
☐ BREAST FOR IMPLANTS **w/o contrast**
☐ CHEST Specify _____
☐ LOWER EXTREMITY
☐ L ☐ R ☐ Bilateral ☐ Hip ☐ Knee
☐ Ankle ☐ Foot ☐ Post Arthrogram
☐ LOWER EXTREMITY other than joint
Specify _____
☐ MR ANGIOGRAM Specify _____

☐ MRCP
☐ MRI LIVER with Elastography
☐ **w/ and w/o contrast**
☐ **w/o contrast**
☐ MR VENOGRAM BRAIN
☐ NECK **w/ and w/o contrast**
☐ PELVIS **w/ and w/o contrast**
☐ PELVIS **w/o contrast**
☐ PROSTATE **w/ and w/o contrast**
☐ TMJ

☐ SPINE ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ **w/ and w/o contrast**
☐ UPPER EXTREMITY
☐ L ☐ R ☐ Bilateral
☐ Shoulder ☐ Elbow ☐ Wrist
☐ Hand ☐ Post Arthrogram
☐ UPPER EXTREMITY other than joint
Specify _____
Creatinine lab work will be performed if needed for contrast enhanced studies
☐ **NO CONTRAST**

## CT

☐ ABDOMEN
☐ **w/o contrast** ☐ **w/contrast**
☐ ABDOMEN/PELVIS
☐ **w/o contrast** ☐ **w/contrast**
☐ CT Enterography
☐ ANGIOGRAPHY
☐ ABDOMEN CTA
☐ Abdominal Aorta ☐ Aorto-iliac runoff
☐ CEREBROVASCULAR CTA
☐ Head/Neck ☐ Head ☐ Neck
☐ CHEST CTA
☐ Coronary ☐ Pulmonary
☐ Thoracic aorta

☐ BRAIN/HEAD
☐ **w/o contrast or**
☐ **w/ and w/o contrast**
☐ CALCIUM SCORING
☐ CARDIAC CTA SCREENING
☐ CHEST
☐ **w/o contrast** ☐ **w/contrast**
☐ Routine with contrast
☐ CTA for Pulmonary Embolism
☐ High Resolution Lung
☐ CT ENTEROGRAPHY
☐ EXTREMITIES
Specify _____

☐ FACIAL BONES
☐ JOINT _____
☐ LUNG SCREENING
☐ NECK
☐ **w/o contrast** ☐ **w/contrast**
☐ ORBITS
☐ **w/o contrast** ☐ **w/contrast**
☐ PELVIS
☐ **w/o contrast** ☐ **w/contrast**
☐ SINUSES
☐ BrainLab ☐ Stryker ☐ Fusion

☐ SPINE
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ TEMPORAL BONES
☐ UROLITHIASIS *(Kidney Stones)*
Creatinine lab work will be performed if needed for contrast enhanced studies
☐ **w/o contrast** ☐ **w/contrast**

## PET/CT

☐ BRAIN
☐ STANDARD BODY *(Skull base to Thigh)*
☐ WHOLE BODY *(Head-to-Toe)*
☐ SODIUM FLUORIDE (NaF)
☐ PYLARIFY PSMA
☐ OTHER: _____

## Women's Imaging

☐ BIOPHYSICAL PROFILE (BPP)
☐ BONE DENSITY (DEXA)
☐ BONE DENSITY (DEXA) with TBS
☐ BREAST BIOPSY/FINE NEEDLE ASPIRATION
☐ BREAST BIOPSY MRI GUIDED
*(includes post-biopsy mammogram)*
☐ BREAST BIOPSY, STEREOTACTIC, OR US CORE
*(includes post-biopsy mammogram)*
☐ 3D DIGITAL MAMMOGRAPHY ☐ w/implants
☐ DIGITAL MAMMOGRAPHY ☐ Screening
☐ Diagnostic ☐ L ☐ R ☐ Bilateral ☐ w/implants
☐ Breast US if clinically indicated
☐ HSG
☐ OBSTETRIC US
☐ PELVIS MRI **w/ and w/o contrast**
☐ PELVIS US TA & TV WITH DOPPLER
☐ SONOHYSTEROGRAM

## Injections

☐ ARTHROGRAM
☐ Shoulder ☐ Hip ☐ Knee ☐ Other
☐ MRI ☐ CT
☐ BLOOD PATCH
☐ Cervical ☐ Lumbar
LEVELS _____
☐ DISCOGRAM *(with CT)*
☐ Cervical ☐ Thoracic ☐ Lumbar
LEVELS _____
☐ EPIDURAL STEROID INJECTION - CAUDAL
☐ EPIDURAL STEROID INJECTION - INTERLAMINAR ☐ X3 ☐ X2 ☐ X1
☐ Cervical ☐ Thoracic ☐ Lumbar
LEVELS _____
☐ EPIDURAL STEROID INJECTION - TRANSFORAMINAL ☐ X3 ☐ X2 ☐ X1
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left
LEVELS _____

☐ FACET JOINT INJECTION
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left ☐ Bilateral
☐ 2x with RFA
LEVELS _____
☐ MEDIAL BRANCH BLOCK/FACET BLOCK
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left ☐ Bilateral
☐ 2x with RFA
LEVELS _____
☐ FACET DENERVATION/RADIOFREQUENCY ABLATION
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left ☐ Bilateral
LEVELS _____
☐ INTERCOSTAL BLOCK (RIB)
☐ Right ☐Left ☐ Bilateral
LEVELS _____

☐ JOINT INJECTION:
☐ Shoulder ☐ Hip
☐ Trochanteric Bursa
☐ Knee
☐ Other: _____
☐ Right ☐ Left ☐ Bilateral
☐ LUMBAR PUNCTURE
☐ Opening pressure
☐ Labs (be specific)
_____
☐ MYELOGRAM *(with Xrays and CT)*
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ NERVE BLOCK INJECTION
☐ Geniculate ☐ Genitofemoral
☐ Occipital ☐ Stellate Ganglion
☐ Lumbar Sympathetic
☐ Other: _____
☐ Right ☐ Left ☐ Bilateral

☐ NERVE ROOT BLOCK INJECTION
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Right ☐ Left
LEVELS _____
☐ PIRIFORMIS
☐ Right ☐ Left ☐ Bilateral
☐ SACROILIAC JOINT (SI JOINT)
☐ Right ☐ Left ☐ Bilateral
☐ TRIGGER POINTS
Specify Location and/or Muscles:
_____
☐ JOINT ASPIRATION
Joint: _____
*(specific joint to be aspirated)*
☐ Right ☐ Left ☐ Bilateral
☐ Labs (be specific)
_____

## IR Procedures

☐ BIOPSY:
☐ Bone Marrow ☐ Liver ☐ Thyroid
☐ Soft Tissue/Other: _____
☐ BREAST BIOPSY: ☐ Right ☐ Left ☐ Bilateral
☐ Soft Tissue/Other: _____
☐ KYPHOPLASTY CONSULT
☐ MRI ☐ CT ☐ Bone Scan
LEVELS _____
☐ PICC LINE
☐ VENOUS POWER PORT
☐ THORACENTESIS
☐ Labs desired specify: _____
☐ Right ☐ Left ☐ Bilateral
☐ PARACENTESIS
☐ Labs desired specify: _____
☐ VASCULAR CONSULT *(arteriogram/endovascular txt)*
☐ Cerebral ☐ Peripheral
☐ UFE *(with pelvic US and MRI pelvis)*
☐ Other: _____

## Ultrasound

☐ AAA SCREENING
☐ ABDOMEN COMPLETE
☐ ABDOMEN LIMITED
LIVER
☐ AORTA DUPLEX
☐ ARTERIAL DOPPLER
☐ Upper ☐ Lower
☐ L ☐ R ☐ Bilateral
☐ ABI
☐ Arterial Graft
☐ BIOPHYSICAL PROFILE
☐ BREAST
☐ L ☐ R ☐ Bilateral
☐ CAROTID
☐ ECHOCARDIOGRAM
☐ EXTREMITY
NON-VASCULAR
☐ GALLBLADDER
☐ OBSTETRIC
☐ PELVIS LIMITED/
INGUINAL HERNIA
☐ PELVIS US TA & TV
☐ WITH DOPPLER
☐ RENAL
☐ RENAL WITH DOPPLER
☐ SOFT TISSUE NECK
☐ SONOHYSTEROGRAPHY
☐ TESTICULAR WITH DOPPLER
☐ THYROID
☐ VENOUS DUPLEX DOPPLER
☐ Upper ☐ Lower
☐ L ☐ R ☐ Bilateral
☐ For EVLT
☐ _____

## Nuclear Medicine

☐ I-131 WHOLE BODY SCAN
☐ BONE SCAN
☐ Whole Body
☐ 3-Phase
☐ Limited
☐ SPECT
☐ RESTING MUGA
☐ GASTRIC EMPTYING
☐ 2HR ☐ 4HR
☐ HEPATOBILIARY w/EF
☐ LIVER/SPLEEN
☐ LUNG VENT/PERF
☐ PLANAR PARATHYROID
☐ w/SPECT
☐ RENOGRAM wo/w Lasix
☐ THYROID SCAN ☐ w/Uptake
☐ WHITE BLOOD CELL SCAN
☐ OTHER: _____

## Plain Films/GI/GU/Dexa

☐ ABD SERIES incl CXR
☐ ANKLE 3V
☐ L ☐ R ☐ Bilateral
☐ BARIUM ENEMA
☐ Single ☐ Double ☐ Gastrografin
☐ BODY COMPOSITION/CORESCAN
☐ BONE DENSITY (DEXA)
☐ BONE DENSITY (DEXA) with TBS
☐ CALCANEUS 2V ☐ L ☐ R ☐ Bilateral
☐ CHEST 1V
☐ CHEST PA & LAT
☐ CYSTOGRAM
☐ Static ☐ Voiding
☐ ELBOW 3V ☐ L ☐ R ☐ Bilateral
☐ ESOPHAGRAM
☐ FACIAL BONES 3V
☐ FEMUR ☐ L ☐ R ☐ Bilateral
☐ FINGER 1 2 3 4 5
☐ L ☐ R ☐ Bilateral

☐ FOOT 3V
☐ L ☐ R ☐ Bilateral
☐ FOREARM 2V
☐ L ☐ R ☐ Bilateral
☐ HAND 3V
☐ L ☐ R ☐ Bilateral
☐ HIP 2V
☐ L ☐ R ☐ Bilateral
☐ HUMERUS 2V
☐ L ☐ R ☐ Bilateral
☐ KNEE 2V
☐ L ☐ R ☐ Bilateral
☐ KUB
☐ LEG LENGTH X-RAY
☐ METASTATIC SKELETAL SURVEY
☐ NASAL BONES 3V
☐ ORBITS 4V
☐ PELVIS
☐ RETROGRADE URETHROGRAM
☐ RIBS w/CXR ☐ L ☐ R ☐ Bilateral

☐ SACRUM COCCYX 2V
☐ SCOLIOSIS SERIES 2V
☐ SHOULDER 3V
☐ L ☐ R ☐ Bilateral
☐ SI-JOINTS
☐ SINUSES 3V
☐ SKULL 3V
☐ SMALL BOWEL
☐ SPINE
☐ Cervical ☐ 3V ☐ 5V ☐ Flex/ext
☐ Thoracic ☐ 3V
☐ Lumbar ☐ 3V ☐ 5V ☐ Flex/ext
☐ TIBIA/FIBULA 2V ☐ L ☐ R ☐ Bilateral
☐ TOE 3V 1 2 3 4 5
☐ L ☐ R ☐ Bilateral
☐ UPPER GI
☐ WATER'S VIEW
☐ WRIST 4V ☐ L ☐ R ☐ Bilateral
☐ OTHER: _____

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