



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 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 MR VENOGRAPHY BRAIN NECK w/ and w/o contrast PELVIS w/ and 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

PET/CT BRAIN STANDARD BODY (Skull base to Thigh) WHOLE BODY (Head-to-Toe) SODIUM FLUORIDE (NaF) Detectnet (Cu64 Datotate) OTHER:

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 w/contrast CALCULI 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 NO CONTRAST

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 Diagnostic Mammogram if clinically indicated OBSTETRIC US PELVIS MRI w/ and w/o contrast PELVIS US TA & TV WITH DOPPLER

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 USA & 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 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 RENOGAM 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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