



MEDICAL IMAGING

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Please mark
an "X" in the blank
by the exam desired
and circle
"R", "L" or "B"
where indicated.

GENERAL RADIOGRAPHY

- _____ CHEST
- CHEST & RIBS
- _____ STERNUM
- _____ STERNOCLAVICULAR JTS.
- _____ KUB
- _____ COMPLETE ABDOMEN
- _____ ACUTE ABDOMEN + CHEST
- _____ CERVICAL SPINE
- _____ THORACIC SPINE
- _____ LUMBOSACRAL SPINE
- _____ SCOLIOSIS STUDY
- _____ SACRUM & COCCYX
- _____ S.I. JOINTS
- _____ PELVIS
- _____ MANDIBLE
- _____ T-M JOINTS
- _____ FACIAL BONES
- _____ NASAL BONES
- _____ PARANASAL SINUSES
- _____ SKULL
- _____ NECK (Soft Tissue)
- _____ NECK (Larynx or Pharynx)
- _____ SIALOGRAPHY
- CLAVICLE
- SCAPULA
- SHOULDER
- A-C JOINTS
- HUMERUS
- ELBOW
- S-C JOINTS
- FOREARM
- WRIST
- HAND
- FINGERS
- Specify: _____
- HIP
- FEMUR
- KNEE
- TIBIA / FIBULA
- ANKLE
- FOOT
- CALCANEUS
- TOES
- Specify: _____
- _____ BONES AGE STUDY
- _____ BONE SURVEY FOR METASTASES
- _____ ALIMENTARY TRACT FOR E.B.

URINARY TRACT

- _____ IVP
- _____ CYSTOGRAM
- _____ VOIDING CYSTOURETHROGRAM

G.I. TRACT FLUOROSCOPY

- _____ ESOPHOGRAM
- _____ UPPER G.I.
- _____ SMALL BOWEL
- _____ SMALL BOWEL via ENTEROCLYSIS
- _____ COLON
- _____ GALL BLADDER
- _____ T-TUBE CHOLANGIOGRAM

ARTHROGRAPHY

- SHOULDER
- ELBOW
- WRIST
- HIP
- KNEE
- ANKLE
- T-M JOINTS

MYLEOGRAPHY

- _____ CERVICAL
- _____ THORACIC
- _____ LUMBOSACRAL
- _____ ENTIRE SPINAL CANAL

MISCELLANEOUS

- _____ DEXA BONE DENSITY STUDY
- _____ HYSTEROSALPINGOGRAM
- JOINT INJECTION
- Specify: _____
- LUMBAR PUNCTURE FOR C.S.F.
- STRESS VIEWS OF JOINT
- Specify: _____
- _____ TOMOGRAPHY
- Specify: _____
- VENOGRAPHY, EXTREMITY, UNILATERAL
- Specify: _____
- _____ VENOGRAPHY, EXTREMITY, BILATERAL
- Specify: _____

Patient Name: _____ D.O.B.: _____

Diagnosis / ICD-9 Code(s): _____ Appointment Time/Date: _____ a.m. p.m.

Relevant Signs / Symptoms: _____

Physician Signature (required)

Date

CT SCAN

- here to allow radiologist to determine need for contrast
- here to allow radiologist to determine need for 3-D reconstruction
- _____ HEAD
- _____ ORBITS
- _____ SINUSES
- _____ INTERNAL AUDITORY CANALS
- _____ MAXILLOFACIAL
- _____ SOFT TISSUE NECK
- _____ CHEST
- _____ ABDOMEN
- _____ PELVIS
- _____ RENAL STONE PROTOCOL
- _____ COLONOGRAPHY
- _____ CERVICAL SPINE
- _____ THORACIC SPINE
- _____ LUMBAR SPINE
- UPPER EXTREMITY
- LOWER EXTREMITY
- _____ NEEDLE BIOPSY

CT ANGIOGRAPHY

- _____ HEAD
- _____ NECK
- _____ CHEST
- _____ ABDOMEN
- _____ ABDOMINAL AORTA RUNOFF
- _____ PELVIS
- UPPER EXTREMITY
- LOWER EXTREMITY

MAMMOGRAPHY

- _____ SCREENING MAMMOGRAM
- DIAGNOSTIC MAMMOGRAM, UNILATERAL
- _____ DIAGNOSTIC MAMMOGRAM, BILATERAL
- DUCTOGRAM
- STEREOTATIC BIOPSY
- NEEDLE LOCALIZATION
- CYST ASPIRATION

ULTRASOUND

- _____ HEAD & NECK SOFT TISSUES (Thyroid, etc.)
- CAROTID ARTERY, UNILATERAL
- _____ CAROTID ARTERIES, BILATERAL
- _____ ABDOMEN, LIMITED
- _____ ABDOMEN, COMPLETE
- _____ RETROPERITONEUM, LIMITED
- _____ RETROPERITONEUM, COMPLETE
- _____ OB PELVIS, LIMITED
- _____ OB PELVIS, COMPLETE W/ VAG IF INDICATED
- _____ OB PELVIS, BIOPHYSICAL PROFILE
- _____ PELVIS, TRANSVAGINAL
- _____ PELVIS, NON-OB, LTD W/ VAG IF INDICATED
- _____ PELVIS, NON-OB, COMPLETE
- _____ SCROTUM
- UPPER EXTREMITY, NON-VASCULAR
- LOWER EXTREMITY, NON-VASCULAR
- UPPER EXTREMITY, VEINS, UNILATERAL
- UPPER EXTREMITY, VEINS, BILATERAL
- LOWER EXTREMITY, VEINS, UNILATERAL
- LOWER EXTREMITY, VEINS, BILATERAL
- BREAST
- _____ U.S. GUIDED NEEDLE PLACEMENT
- _____ HYSTEROSONOGRAM

OTHER EXAMS, SPECIAL INSTRUCTIONS

Please visit our website at
www.xrcmi.com for preps, exam
procedures & other valuable info.

Referring physician office
to FAX & keep this copy.
Please give pink copy to patient.