

Patient Name: _____ DOB: _____ Home Phone: _____
Last First MI
 Patient Insurance: _____ Authorization#: _____ Daytime Phone: _____
 Medical Necessity (Required): _____
 Appointment Date/Time: _____
 (Must include pertinent clinical history. "Rule out or suspected" diagnosis alone is not sufficient.)

PET/CT

- ___ Brain PET/CT (non-contrast CT)
- ___ PET/CT (non-contrast CT)
- ___ PET/CT & a Diagnostic CT (neck, chest, abdomen, and pelvis CT with contrast.)
- ___ Breast CA ___ Diagnosis
- ___ Colorectal CA ___ Initial
- ___ Esophageal CA ___ Staging
- ___ Lip CA ___ Restaging
- ___ Lymphoma ___ Response to Therapy
- ___ Melanoma
- ___ Nasal CA
- ___ Oral Cavity CA
- ___ Pharynx CA
- ___ Sinus CA
- ___ Non Small Cell Lung CA
- ___ Solitary Pulmonary Nodule
- ___ Other _____

CT

- ___ Head
- ___ Soft tissue Neck
- ___ Sinus
- ___ Chest
- ___ PE Study (Chest)
- ___ High Resolution Chest
- ___ Abdomen/Pelvis
- ___ Renal Stone Protocol
- ___ Appendicitis Protocol
- ___ Abdomen
- ___ Pancreas Protocol(Abdomen)
- ___ Pelvis
- ___ Extremity RT LT
specify: _____
- ___ CT Spine w/o contrast
___ CSP ___ TSP ___ LSP
- ___ CT Intrathecal
___ CSP ___ TSP ___ LSP
- ___ Other _____
- ___ CTA
___ Brain (Circle of Willis)
- ___ Carotid
- ___ Renal
- ___ Runoff
- ___ Aorta
- ___ Pre-op AAA Stent Protocol

MRI

- ___ Brain
- ___ Breast w/CAD review
- ___ MRI-Guided Breast Biopsy
- ___ IAC
- ___ Pituitary
- ___ Orbit
- ___ Liver
- ___ Renal MR/MRA
- ___ Adrenal
- ___ MRCP
- ___ C-Spine
- ___ T-Spine
- ___ L-Spine
- ___ Pelvis - Bone
- ___ Pelvis - Oncology
- ___ Neck (soft tissue)
- ___ Knee RT LT
- ___ Hip RT LT
- ___ Shoulder RT LT
- ___ Ankle RT LT
- ___ Foot RT LT
- ___ Wrist RT LT
- ___ Elbow RT LT
- ___ MRA
- ___ COW
- ___ Carotid
- ___ Aorta
- ___ Runoff
- ___ MRV _____
- ___ MR Arthrogram
- ___ Area _____
- ___ Other _____

Ultrasound

- ___ Abdomen Complete
- ___ Abdomen Limited - Rt Upper
- ___ Abdomen Aorta
- ___ Carotid
- ___ OB
- ___ Biophysical Profile
- ___ Umbilical Cord Doppler
- ___ Pelvis / Transvaginal
- ___ Thyroid
- ___ Thyroid Biopsy
- ___ Venous Leg RT LT BI
- ___ Other: _____
- For breast, use Diagnostic Breast Evaluation section

X-ray

___ Type _____

DEXA Bone Densitometry

___ DEXA _____

Interventional

- ___ Lumbar Epidural Steroid Injection
- ___ Facet Injection
- ___ Level _____
- ___ Joint Injection
- ___ SI
- ___ Hip
- ___ Shoulder
- ___ Ankle
- ___ Wrist
- ___ Other _____
- ___ Catheter Injection
- ___ Arthrogram _____
- ___ Paracentesis
- ___ Thoracentesis
- ___ Lumbar Puncture
- ___ Labs _____

Venous Insufficiency Consultation

Physician consultation and necessary treatment including endovenous laser ablation.
 ___ Right
 ___ Left
 ___ Bilateral

Diagnosis:
 ___ Venous Insufficiency
 ___ Venous Ulcers
 ___ Varicose Veins
 ___ Leg Pain
 ___ Other _____

Screening Mammogram

___ Screening with CAD review (No history needed)

Diagnostic Breast Evaluation

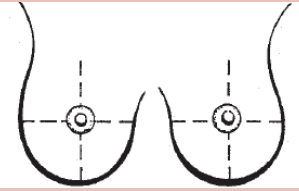
Mammogram, Breast Ultrasound and CAD review as deemed necessary by radiologist. If your patient is due for annual screening, both breasts will be imaged.

- ___ Diagnostic RT LT BI
- Medical necessity:**
- ___ Palpable abnormality
- ___ Noncyclic focal pain or tenderness
- ___ Nipple discharge (circle one)
 ___ Bloody ___ Clear ___ Cloudy
- ___ Induration / skin changes
- ___ Axillary adenopathy
- ___ Current treatment/Breast CA
- ___ Breast implant problems
- ___ Other _____

___ **Ultrasound** RT LT BI

- ___ **Add Views** RT LT BI
(abnormal mammogram)
- ___ **6 mo. follow-up** RT LT BI
___ abnormal mammogram
- ___ abnormal ultrasound
- ___ palpable abnormality
- ___ breast cancer
- ___ other _____

Area of Concern



Breast Biopsy / Localization

- ___ Breast Biopsy RT LT BI
- ___ Needle Localization RT LT BI

Medical necessity:
 ___ Abnormal Mammogram
 ___ Abnormal MRI
 ___ Abnormal Ultrasound
 ___ Palpable abnormality (Mark on diagram)
 ___ Other _____

Reporting: Standard STAT Keep patient / Call Results to: _____ Phone: _____
 Send Images Fax Results to: _____

Physician (Please Print) _____

Physician Signature (Required) _____

Date _____