

Check Location:

Fayetteville
 361 E. Millsap Rd.
 Fayetteville, AR 72703
 Scheduling: 479-442-7740
 Fax: 479-442-9622

- Open MRI
- Wide-bore MRI
- CT
- US/Ultrasound

Fort Smith
 5701 Euper Ln.
 Fort Smith, AR 72903
 Scheduling: 479-452-3810
 Fax: 479-452-3444

- Open MRI

Rogers
 2000 S. 42nd St., Ste 110
 Rogers, AR 72758
 Scheduling: 479-254-0434
 Fax: 479-254-0032

- Wide-bore MRI
- CT
- US/Ultrasound
- BD/Bone Density
- Mammo

Patient Last Name: _____ First: _____ M: _____

Phone: _____ DOB: _____ Pregnant: Y N

Ordering Provider: _____ Provider Signature: _____

Signs/Symptoms Must Be Listed: _____ ICD 9/10: _____

Appointment Day: _____ Date: _____ Time: _____

Please check correct choice:

- Patient already scheduled Please call patient to schedule Patient will call to schedule

MRI Magnetic Resonance Imaging:

Bun/Creatinine results are required before IV contrast for diabetic patients or patients over 60 years of age. (see below)**

Contrast

- Contrast as clinically indicated by radiologist, or No Contrast

Study

- Abdomen Pelvis
- Brain
- C-Spine T-Spine L-Spine
- IAC * With/Without Contrast
- MRCP Without Contrast
(Patient must be NPO)
- Neck (Soft Tissue)
- Orbit/Face/Neck
- Sacrum Coccyx

Musculoskeletal

- | | Left | Right |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Ankle | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Femur | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Finger | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Foot | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hand | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Humerus | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Knee | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis | | |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tib/Fib | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Toe | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> | <input type="checkbox"/> |

Vascular

- Carotids* No Contrast
- Intracranial/Circle of Willis No Contrast
- MRA Aorta With Contrast
- MRA Brain No Contrast
- Renal MRA* With Contrast

Other

- Specify _____
 *Protocol requires contrast

CT Computed Tomography:

Bun/Creatinine results are required before IV contrast

Contrast

- Contrast as clinically indicated by radiologist, or No Contrast

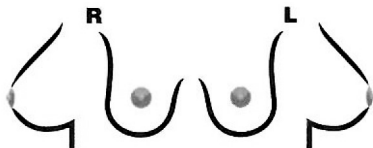
Study

- Abdomen and/or Pelvis CT Angiography
- Chest CT Angiography
- C-Spine T-Spine L-Spine
- CT IVP
- CT Lower Extremity
 3D Reconstruction
- CT Upper Extremity
 3D Reconstruction
- Facial Bones
- Head/Brain CT Angiography
- Lower Extremity Vascular Runoff (3D)
- Orbits
- PE Study
- Renal Stone CT KUB (74000)
- Sinus
- Soft Tissue Neck

Specify _____

Breast Imaging:

- Screening Mammogram
Patient has **NO** Symptoms
- Diagnostic Mammogram w/
Breast Ultrasound PRN
 Bilat Unilat LT RT
- Breast Ultrasound
 Bilat Unilat LT RT



REPORTING INSTRUCTIONS

- CD with Patient
- STAT Follow-up Date & Time

(Must be included)

- Send additional copies of report to _____

Ultrasound General:

- Abdomen
- Extremity, Non-Vascular, Specify _____
- Pelvic Complete - Non OB
- Pelvic w/Transvaginal (TV) TV Only
- Renal
- Abdomen, Limited, Specify _____ Breast
- Scrotum
- Thyroid
- Other _____

Ultrasound Vascular:

- Carotid Doppler
- Lower Extremity
 Bilat Left Right

Specify _____

Bone Density

- 77080 Diagnostic DXA Study-Wrist, Spine & Hip
- 77081 Screening DXA - (Singles)
- 77082 Vertebrae Assessment

Lab

- BUN/Creatinine to evaluate renal function
(Or, diagnosis _____)

**Diabetic patients and patients age 60 or older will require a Creatinine test prior to the administration of IV contrast. Test results need to be within 30 days of exam date.