

Referral Form

Appointment Date: _____ Appointment Time: _____
Patient Name: _____ DOB: _____ Date: _____
Phone: (DAY) _____ Cell: _____
Clinical HX/DX ICD-10 _____ Ins. Auth. _____
_____ BUN/Creat: _____
Insurance _____ Allergy: y/n _____
Health Care Provider Name: _____ Phone: _____
Health Care Provider Signature: _____ Fax: _____
Patient to hand carry CD/films fax report to: _____

X-Ray

- Abdomen 2 View KUB
- Chest 2 View 1 View
- Ribs L R Bil (Chest Indicated)
- Hand L R
- Forearm L R
- Humerus L R
- Shoulder L R
- Ankle L R
- Foot L R
- Knee L R
- Tib/Fib L R
- Femur L R
- Hip L R Pelvis AP
- Wrist L R
- Elbow L R
- Spine Cervical Thoracic Lumbar
 3V 5V Flex/Ext
- Orbits MRI clearance
- Other: _____

CT

- Abdomen w/ Pelvis
 w/IV contrast w/o IV
- Kidney Stone Protocol
- Pelvis w/IV contrast w/o IV
- Chest w/IV contrast w/o IV
- Hi Res Chest CT Chest PE Protocol
- Cardiac Score (exams done at SLMC only)
- CT Low Dose Lung Cancer Screening
- Neck w/IV contrast w/o IV
- Sinus w/IV contrast w/o IV
- Temporal Bones Orbits
- Spine Cervical Thoracic Lumbar
- Extremity: _____
- CTA Brain Neck/Brain
- CTA Other: _____
- Other: _____

MRI

- Brain:
 MRA Head MRV Head MRA Neck
 IAC's Pituitary Orbits
- Spine:
 Cervical Thoracic Lumbar
- Neck Soft Tissue
- Brachial Plexus L R Bil
- Lumbar Plexus L R Bil
- Abdomen:
 Liver Kidney Adrenal Glands
 Pancreas MRCP
- Pelvis
- Joint: L R Bil
 Shoulder Elbow Wrist
 Hip Knee Ankle
- Extremity: L R Bil
 Hand Forearm Upper Arm
 Thigh Calf Foot
- W/O Contrast W & W/O Contrast

Ultrasound

- Abdomen Abdomen Ltd.
- Abd. Ltd/RUQ
- Renal Renal w/Bladder
- Renal Artery w/Doppler
- Pelvic Pelvic w/transvag.
- Scrotal
- Thyroid
- Carotid
- Arterial LE UE R L Bil
- Ankle Brachial Index
- Venous LE UE R L Bil
- Venous Insufficiency
- Vein Mapping
- OB LTD OB BPP
- OB 1st Trimester OB 2nd/3rd Trimester
- Other: _____
- US Guided Biopsy _____

Nuclear Medicine

- Gastric Emptying Scan
- MUGA
- Stress Test
- Treadmill
- Chemical Lexiscan Dobutamine
- HIDA Scan with CCK
- Renal Scans: _____
- Liver/Spleen with SPECT
- Bone Scan:
 3 Phase Whole Body
- Thyroid:
 Uptake Scan Diag. Whole Body I-131
- Whole Body Scan (post ablation)
- WBC Scan
- Hemangioma with tagged RBC's
- Other: _____

MR Arthrogram:

- MRA:
 Abdominal Aorta Renal Arteris
 Mesenteric Arteries Thoracic Aorta
 Extremity LE VE R L
- Other: _____

Lab

- BUN/Creatinine

Special instructions/requests: