

Diagnostic Imaging Order Form

Scheduling: (307) 232-4070

Date: _____ Stat Phone# _____ Fax: (307) 232-4071

Patient Name: _____ Ordering Physician _____ DOB: _____

Patient Address: _____ City _____ State: _____ Zip: _____

Insurance: _____ Insurance ID#: _____ Group #: _____

Secondary Ins: _____ Insurance ID#: _____ Group #: _____

Signs & Symptoms: _____

Patient Allergies: _____ Patient's Tel: _____

Physician's Signature (Required): _____

X-RAY

- Routine Views
- Or Specialty Views: _____
- Skull Sinuses
- Facial Bones Nasal Bones
- Soft Tissue Neck
- Pelvis Sacrum/Coccyx
- Cervical Spine _____
- Thoracic Spine _____
- Lumbar Spine _____
- Chest
- Abdomen/KUB Supine & Upright
- Extremity/ Joints _____
- Bone Age Determination
- Skeletal Survey
 - Child Abuse or Kempe's Syndrome
 - Osseous Metastatic Disease
- Other _____
 - * No Scoliosis Series at This Time

Breast

- Screening
- Diagnostic RT LT BILAT
Implants? Y N
- Breast US RT LT BILAT

General Ultrasound

- Abdomen With Doppler
- Right Upper Quadrant (GB) Chest
- Ltd Abdomen (Liver) Aorta
- With Kinevac
- Thyroid Neck
- Retroperitoneal Scrotum
- Extremity Non-Vascular: Lower / Upper RT / LT
- Hernia: RT / LT
- Other: _____

OB/GYN Ultrasound

- OB <14 weeks OB >14 weeks
- OB Transvaginal OB Limited
- OB Follow-up Biophysical Profile
- Complete Pelvis: (Transvaginal & Transabdominal)
- Limited Pelvic
- Transvaginal Transabdominal

Vascular Ultrasound

- Carotid RT LT BILAT
- Venous Extremity
Lower / Upper RT LT
- Arterial Extremity (*No ABIs)
Lower / Upper RT LT
- OTHER _____
- CT SCAN** Oral Contrast IV Contrast No Contrast
- Head
- Orbits Sinuses
- Facial Bones Soft Tissue Neck
- Cervical Spine Thoracic Spine
- Lumbar Spine
- Chest
- Abd/Pelvis (Hematuria)
- Abd/Pelvis (Renal/Liver/Adrenal Mass)
- Abdomen Only Pelvis Only
- Extremity/ Joint: _____
 - With Arthrogram Conformis
- PE Protocol
- CT Angiogram
Specify: _____

MRI

- IV contrast (with and without) Without Contrast
- Brain IAC's
- Orbits Pituitary
- Soft Tissue Cervical Spine
- Thoracic Spine Lumbar Spine
- Total Spine (Cord Compression/ Metastases)
- Chest (No Cardiac) Abdomen
- Pelvis
- Extremity/ Joint: _____
 - With Arthrogram
- Other: _____

MRA

- (Angiogram)**
- Head Neck/Carotids
- Chest
- Abdomen Pelvis
- Other: _____
- MRV (Venogram)**
Site: _____



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