Institute for Advanced Biomedical Imaging **1400 Jackson St, Denver, CO 80206**

Imaging Hours Monday - Friday 7:00 AM - 6:00 PM
P: 303-398-1611

Scheduling # 877-225-5654, #4
Central Scheduling Fax# 303-270-2153

Special Requests: ___ Phone Report ___ CD with patient

To better facilitate scheduling of your patient, please fax a demographic face sheet along with the order.

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Cell/Work Phone: _____

Insurance Provider: _____ **Precert** No / Yes **#** _____

Ordering Physician's Name: _____ Phone # _____

Physician's Address: _____ Fax # _____

Date/Time: _____ Contact Name: _____

Diagnosis: _____ Symptoms: _____

Reason for Exam: _____

CT & MRI studies with IV contrast may require a Creatinine level within 30 days prior to exam. Creatinine:_____Date:_____

If needed, a Creatinine will be done at the time of exam at NJH with Point of Care testing.

MRI

Head & Neck

- ☐ Brain w/o 70551
- ☐ Brain w/o & w contrast 70553
- ___ IAC w/o & w
- ___ Pituitary w/o & w
- ☐ Orbit w/o & w contrast 70543
- ☐ Soft Tissue Neck w/o 70540
- ☐ Soft Tissue Neck w/o & w 70543

Spine & Chest

- ☐ Cervical w/o 72141
- ☐ Cervical w/o & w contrast 72156
- ☐ Thoracic w/o 72146
- ☐ Thoracic w/o & w contrast 72157
- ☐ Lumbar w/o 72148
- ☐ Lumbar w/o & w contrast 72158
- ☐ Chest w/o 71550
- ☐ Chest w/o & w contrast 71552

Abdomen & Pelvis

- ☐ Abdomen w/o 74181
- ___ MRCP w/o
- ☐ Abdomen w/o & w 74183
- ☐ Abd. & Pelvis Enterography w/o & w 74183 & 72197
- ☐ Pelvis w/o 72195
- ☐ Pelvis w/o & w contrast 72197

Upper Extremity Non-Joint

☐ Humerus ☐ Forearm ☐ Hand
R___ L___
___ w/o 73218 ___ w/o & w 73220

Upper Extremity Joint

☐ Shoulder ☐ Elbow ☐ Wrist
R___ L___
___ w/o 73221 ___ w/o & w 73223

Lower Extremity Non-Joint

☐ Thigh ☐ Calf ☐ Foot
R___ L___
___ w/o 73718 ___ w/o & w 73720

Lower Extremity Joint

☐ Hip ☐ Knee ☐ Ankle
R___ L___
___ w/o 73721 ___ w/o & w 73723

MRA

- ☐ MRA/MRV Head w/o 70544
- ☐ MRA Neck w/o & w 70549
- ☐ MRA Chest w/o & w 71555
- ☐ MRA Abd. w/o & w contrast 74185
- ☐ MRA Pelvis w/o & w contrast 72198
- ☐ MRA Upper Extremity w/o & w 73225
- ☐ MRA Lower Extremity w/o & w 73725
- ☐ Other:

Cardiac

- ☐ Cardiac for Morphology/Function ____ w/o 75557 ____w/o & w/contrast 75561
- ☐ Cardiac Velocity Flow Mapping 75565
- ☐ Stress Cardiac w/o & w/contrast 75563

MRI Screening Questions

Contact MRI staff if any of the answers are yes, MRI may be contraindicat 303-398-1611

- ☐ Cardiac Pacemaker, ICD
- ☐ Neurostimulator or other implanted system
- ☐ Cochlear ear implant
- ☐ Aneurysm clip (Manufacturer and model type needed)
- ☐ Hx- Injury to eye by metal fragment? ***If yes, an orbit x-ray may be required prior to the MRI***
- ☐ Electronic or magnetically activated implant
- ☐ Implanted drug infusion device
- ☐ Pregnant
- ☐ Weight over 400 lbs (The magnet bore is 70cm wide)

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IMAGING ORDER FORM

ÌON081\Î
Orders-Outpatient _CC

Patient Label
XMRN: _____
APPT CSN: _____

RAD 019E (09/21)

PET/CT

- ☐ PET/CT Skull to mid-Thigh 78815
- ☐ PET/CT Whole Body 78816
- ☐ PET/CT Myocardial Metabolic 78433 _____Sarcoid Imaging

CT Scan

- ☐ Chest w/o Contrast - HRCT 71250
- ☐ Chest w/o Contrast 71250
- ☐ Chest w/ Contrast 71260
- ☐ Chest Lung Cancer Screen 71271
- ☐ CTA Chest 71275
- ☐ CTA Abdomen 74175
- ☐ CTA Abdomen w/ Runoff 75635
- ☐ Abdomen w/o Contrast 74150
- ☐ Abdomen w/ Contrast 74160
- ☐ Abdomen w/o & w 74170
- ☐ Abd/Pelvis w/o Contrast 74176
- ☐ Abd/Pelvis w/ Contrast 74177
- ☐ ___ Enterography
- ☐ Abd/Pelvis w/o & w 74178
- ☐ Head w/o Contrast 70450
- ☐ Head w/ Contrast 70460
- ☐ Neck Soft Tissue w/o Contrast 70490
- ☐ Neck Soft Tissue w/ Contrast 70491
- ☐ Sinus w/o Contrast 70486
- ☐ Cardiac Calcium Score 75571
- ☐ Other:

Additional patient information is needed for the following exam. The program nurse will contact you for this:

- ☐ CTA- Coronary Artery w/ Contrast (includes CT Cardiac Calcium Score) 75574

*Includes FFR/Ischemia Analysis and/or Coronary Artery Plaque Assessment if clinically indicated.
*Metoprolol 5mg IV PRN and/or Nitroglycerin 0.4mg SL may be given per policy

CT Screening Questions **Contact CT staff if any of the answers are yes. 303-398-1611**

- ☐ Pregnant
- ☐ Iodine Allergy

Nuclear Medicine

- ☐ Lung w/ Differential Counts 78597
- ☐ Bone Scan 3 Phase 78315
- ☐ Hepatobilliary (HIDA) 78227
- ☐ Gastric Emptying 78264
- ☐ Nuclear Medicine Other:

* For Nuclear Stress Exercise & Pharm Test 78465- Please use the Cardiology order form.

Routine Radiology/ X-Ray Orders

Chest / Sinus Airway

- ☐ Chest 2 view
- ☐ Chest Decubitus R___ L___
- ☐ Chest Apical Lordotic
- ☐ Ribs R___ L___ 3-V
- ☐ Sternum
- ☐ Sinus (Waters) 1-View
- ☐ Sinus Series 3-View
- ☐ Soft Tissue Neck

Fluoroscopy

- ☐ Esophogram
- ☐ UGI ☐ Small Bowel Series
- ☐ VideoFluoro Swallow (TBS/MBS)
- ☐ Diaphragm/ Sniff Test

Abdomen

- ☐ Supine
- ☐ Supine & Upright

Pelvis

- ☐ SI Joints
- ☐ Pelvis 1-view
- ☐ Pelvis 2-View
- ☐ Hip 2-View R___ L___

Skull

- ☐ Skull
- ☐ Nasal Bones
- ☐ TMJ
- ☐ Facial Bones
- ☐ Eye for foreign body

Upper Extremities

- ☐ _____

Right_____ Left_____

Lower Extremities

- ☐ _____

Right_____ Left_____

Spinal Column

- ☐ Cervical Spine 3-View w/Odontoid
- ☐ Cervical Spine 4-View w/Obliques
- ☐ Thoracic Spine 2-View
- ☐ Lumbar Spine 3-View
- ☐ Lumbar Spine Flex/ Ext
- ☐ Sacrum/Coccyx

Bone Density

- ☐ DXA BD Axial Skeleton (routine) 77080 (*Includes a Trabecular Bone Score if clinically indicated)
- ☐ DXA BD Vertebral Fracture Assessment 77085

Ultrasound

- ☐ AAA Screening 76706
- ☐ Abdomen Complete 76700
- ☐ Abd. Complete w/ Doppler 93975
- ☐ Abdomen Limited (RUQ) 76705
- ☐ Abdomen RUQ w/ Doppler 93976
- ☐ Doppler Carotid Bilateral 93880
- ☐ Thyroid 76536
- ☐ Other:

Unilateral- 93971 Bilateral- 93970

- ☐ Venous Upper Ext Doppler ___L ___R
- ☐ Venous Lower Ext Doppler ___L ___R

Physician's Signature:_____ **Date/Time:** _____