Patient Name: _____

DOB: _____

Insurance Co. _____

Preauthorization #: _____

Exam Date/Time: _____

DX/Signs/Symptoms:

A. _____

B. _____

C. _____

D. _____

Indicate A, B, C, D in DX Code box below for reach test ordered

When tests are complete, send patient:

Home To Office To office with Results

Send/Fax results to: Fax#

Ordering Physicians Signature Date

	CT	DX
	Head	
	Routine Per Radiology Protocol	
	Sinus	
	Facial Bones	
	Orbits	
	Soft Tissue Neck	
	Chest w/Sagittal/Coronal reconstruction	
	Routine	
	Limited	
	High Resolution	
	PE- Protocol	
	Abdomen w/ Sagittal/Coronal reconstruction	
	Abdomen and Pelvis	
	Pelvis	
	CT IVP	
	Kidney Stone Protocol	
	Appendix Protocol	
	Virtual Colonoscopy	
	Spine with 3D reconstruction	
	☐Cervical ☐ Thoracic ☐ Lumbar	
	Extremity with 3D reconstruction	
	Location: ☐ R ☐ L	
	CT Angio-location:	
	Other Location:	
	Heart Screening:	

	MRI	DX
	X-Rays if indicated- Per Radiology Protocol	
	Pelvis	
	Hips ☐Right ☐Left	
	Brain	
	Soft Tissue Neck	
	Shoulder ☐Right ☐Left	
	Brachial Plexus	
	Breast	
	Abdomen-specify organ	
	Knee	
	Ankle	
	Foot	
	MR Angio-location	
	MR Arthrogram-location	
	Extremity-Site ☐Right ☐Left	
	Thoracic Spine	
	Lumbar Spine	

	ULTRASOUND	DX
	Thyroid	
	Breast ☐Right ☐Left	
	Abdomen ☐ Limited ☐ Complete	
	Aorta	
	GB/Liver	
	Kidney	
	Pelvis w/doppler ☐Transabdominal	
	☐Transvaginal	
	Testicular with Doppler	
	Extremity: Non-Vascular	

Medical Necessity Policy: When ordering tests for which Medicare or Medicaid Reimburseme will be south, physician should only order tests medically necessary for the diagnosis and treatment of the patient.

ADI
Advanced Diagnostic Imaging

	Diagnostic Radiology/Fluoroscopy	DX
	Orbits	
	Abdomen, chest	
	PA/ Lateral Chest	
	Ribs ☐Right ☐Left	
	AP Abdomen	
	Flat & Upright Abdomen	
	Spine/Pelvis	
	Cervical spine 2-3v	
	Cervical Spine w/ obliques	
	Cervical Spine w/flexion/extension	
	Thoracic Spine	
	Lumbar spine 2-3v	
	Lumbar Spine w/ obliques	
	Lumbar Spine w/ flexion/extension	
	Pelvis AP	
	Extremity, Upper	
	Shoulder ☐ Right ☐Left	
	Humerus ☐ Right ☐ Left	
	Elbow ☐Right ☐ Left	
	Forearm ☐ Right ☐ Left	
	Wrist ☐ Right ☐ Left	
	Hand ☐ Right ☐ Left	
	Extremity, Lower	
	Hip ☐Right ☐Left	
	Femur ☐Right ☐Left	
	Knee ☐Right ☐Left	
	Tib/Fib ☐ Right ☐ Left	
	Ankle ☐Right ☐ Left	
	Foot ☐ Right ☐ Left	
	Gastro Intestinal	
	Esophagus	
	Upper GI	
	Small Bowel	
	Special Studies	
	Arthrogram, Shoulder ☐Right ☐Left	
	Steroid Injection-location	
	Other:	