HUNT REGIONAL
OPEN IMAGING ROCKWALL EXAM REQUEST

Hunt Regional Healthcare

SCHEDULING: 469-698-0045
FAX: 469-698-0483

PATIENT LEGAL NAME	AGE	DATE OF BIRTH	PATIENT PHONE H: C:

REASON FOR EXAM (SIGNS, SYMPTOMS, DIAGNOSIS) AND/OR SPECIAL INSTRUCTIONS:

The Diagnostic Imaging Department will have the patient sign an ABN if this order does not include an appropriate diagnosis, sign, symptom or reason for exam. I attest that either the above diagnosis, reason for exam or patient signs and symptoms establishes medical necessity for the service offered.

PRINT NAME OF ORDERING CLINICIAN:	SIGNATURE	DATE	TIME

XRAY

HEAD / NECK
- ❑ SKULL
- ❑ FACIAL BONES
- ❑ NASAL BONES
- ❑ SINUSES SERIES
- ❑ SOF TISSUE NECK
- ❑ OTHER: _____

CHEST ABDOMEN
- ❑ CHEST PA& LAT
- ❑ RIBS ❑ L ❑ R
- ❑ RIBS w/PA CHEST ❑ L ❑ R
- ❑ ABDOMEN - (SUPINE AND UPRIGHT)
- ❑ ACUTE ABD SERIES
- ❑ KUB
- ❑ OTHER: _____

UPPER EXTREMITY
- ❑ L CLAVICLE ❑ R
- ❑ L SHOULDER ❑ R
- ❑ L HUMERUS ❑ R
- ❑ L ELBOW ❑ R
- ❑ L FOREARM ❑ R
- ❑ L WRIST 3v ❑ R
- ❑ L HAND 3v ❑ R
- ❑ L FINGER____ ❑ R
- ❑ L THUMB ❑ R
- ❑ OTHER: _____

LOWER EXTREMITY
- ❑ L HIP 2 v ❑ R
- ❑ L FEMUR ❑ R
- ❑ L KNEE 2 v ❑ R
- ❑ L KNEE 3 v ❑ R
- ❑ L TIBIA/FIBULA ❑ R
- ❑ L ANKLE 3 v ❑ R
- ❑ L FOOT 3 v ❑ R
- ❑ L HEEL ❑ R
- ❑ L TOE ❑ R
- ❑ OTHER: _____

SPINE/PELVIS
- ❑ CERVICAL 3 v
- ❑ CERVICAL 5 v
- ❑ THORACIC 2 v
- ❑ LUMBAR 3 v
- ❑ LUMBAR 5 v
- ❑ PELVIS - COMPLETE
- ❑ PELVIS - AP ONLY
- ❑ SACRUM - COCCYX
- ❑ SCOLIOSIS
- ❑ STANDING
- ❑ OTHER: _____

ONLY MRI's SHOULD BE SCHEDULED IN ADVANCE BY CALLING: 469-698-0045
EXAM PREPARATIONS ARE LISTED ON THE BACK

ULTRASOUND
- ❑ ABDOMEN COMPLETE
- ❑ ABDOMEN LIMITED
  - ❑ SPLEEN
  - ❑ AORTA
  - ❑ LIVER
  - ❑ GALL BLADDER
  - ❑ PANCREAS
- ❑ RENAL
- ❑ BLADDER
- ❑ PELVIS
- ❑ OB COMPLETE
- ❑ OB LIMITED (DATING)
- ❑ BIOPHYSICAL PROFILE
- ❑ SCROTUM
- ❑ SUPERFICIAL LESION
  LOCATION: _____
- ❑ THYROID
- ❑ OTHER _____

VASCULAR
- ❑ ABDOMINAL DOPPLER
  SPECIFY: _____
- ❑ CAROTID DOPPLER
- ❑ RENAL ARTERY DOPPLER
- ❑ ARTERIAL DOPPLER
  ❑ Uni ❑ Bilat
- ❑ VENOUS DOPPLER
  ❑ Uni ❑ Bilat
- ❑ ANKLE BRACHIAL INDEX
- ❑ OTHER: _____

MRI / MRA
- ❑ BRAIN ❑ w/o ❑ BOTH
- ❑ PITUITARY ❑ w/o ❑ BOTH
- ❑ ORBITS ❑ w/o ❑ BOTH
- ❑ IACs ❑ w/o ❑ BOTH
- ❑ TMJs ❑ w/o ❑ BOTH
- ❑ SOFT TISSUE NECK ❑ w/o ❑ BOTH
- ❑ C-SPINE ❑ w/o ❑ BOTH
- ❑ T-SPINE ❑ w/o ❑ BOTH
- ❑ L-SPINE ❑ w/o ❑ BOTH
- ❑ CHEST ❑ w/o ❑ BOTH
- ❑ ABDOMEN ❑ w/o ❑ BOTH
- ❑ LIVER ❑ w/o ❑ BOTH
- ❑ RENAL ❑ w/o ❑ BOTH
- ❑ PELVIS ❑ w/o ❑ BOTH
- ❑ UPPER EXTREMITY ❑ w/o ❑ BOTH
  SPECIFY: _____
  ❑ ARTHROGRAM
- ❑ LOWER EXTREMITY ❑ w/o ❑ BOTH
  SPECIFY: _____
  ❑ ARTHROGRAM
- ❑ MRI OTHER
  SPECIFY: _____
- ❑ MRA HEAD
- ❑ MRA NECK (CAROTID) ❑ w/o ❑ BOTH
- ❑ MRA RENALS ❑ w/o ❑ BOTH
- ❑ MRA OTHER
  SPECIFY: _____
- ❑ MRCP ❑ w/o

COMMENTS

COMPUTED TOMOGRAPHY
- ❑ HEAD ❑ w ❑ w/o
- ❑ SINUSES
- ❑ ORBITS ❑ w ❑ w/o
- ❑ FACIAL BONES
- ❑ TEMPORAL BONES ❑ w ❑ w/o
- ❑ HEAD ❑ w ❑ w/o
- ❑ SOFT TISSUE NECK ❑ w ❑ w/o
- ❑ CHEST ❑ w ❑ w/o
- ❑ CHEST PE PROTOCOL
- ❑ HIGH RESOLUTION LUNG PROTOCOL
- ❑ ABD & PELVIS ❑ w ❑ w/o
- ❑ ABDOMEN ❑ w ❑ w/o
- ❑ PELVIS ❑ w ❑ w/o
- ❑ RENAL STONE PROTOCOL ❑ w ❑ w/o
- ❑ ADRENALS ❑ w ❑ w/o
- ❑ CERVICAL SPINE ❑ w ❑ w/o
- ❑ THORACIC SPINE ❑ w ❑ w/o
- ❑ LUMBAR SPINE ❑ w ❑ w/o
- ❑ UPPER EXTREMITY
  SPECIFY: _____
- ❑ LOWER EXTREMITY
  SPECIFY: _____
- ❑ ARTHROGRAM
  SPECIFY: _____
- ❑ CT ANGIO w/3D
  SPECIFY: _____
- ❑ OTHER
  SPECIFY: _____