Hunt Regional Medical Center

OPEN IMAGING ROCKWALL
EXAM REQUEST

SCHEDULING: 469−698−0045
FAX: 469−698−0483

PATIENT LEGAL NAME	AGE	DATE OF BIRTH	SCHEDULED TEST DATE/TIME	PATIENT PHONE
			AM PM	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 services offered.

PRINT NAME OF ORDERING CLINICIAN:	SIGNATURE	DATE	TIME

HEAD / NECK

XRAY
- ❑ SKULL
- ❑ FACIAL BONES
- ❑ NASAL BONES
- ❑ SINUSES SERIES
- ❑ SOFT 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 3 v ❑ R
- ❑ L HAND 3 v ❑ R
- ❑ L FINGER____ ❑ R
- ❑ L THUMB ❑ R
- ❑ BONE AGE

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
  - RT UPPER QUADRANT
  - LT UPPER QUADRANT
- ❑ GRADED COMPRESSION (APPENDIX)
- ❑ RENAL
- ❑ BLADDER
- ❑ PELVIS
- ❑ OB COMPLETE
- ❑ OB LIMITED (DATING)
- ❑ BIOPHYSICAL PROFILE
- ❑ SCROTUM
- ❑ SOFT TISSUE LOCATION:_____
- ❑ THYROID
- ❑ LIVER ELASTOGRAPHY
- ❑ THYROID FINE NEEDLE ASPIRATION
- ❑ OTHER:_____

VASCULAR

- ❑ ABDOMINAL DOPPLER SPECIFY:_____
- ❑ CAROTID DOPPLER
- ❑ RENAL ARTERY DOPPLER
- ❑ ARTERIAL EVALUATION ❑ R Uni ❑ L Uni ❑ Bilat
- ❑ VENOUS EVALUATON ❑ R Uni ❑ L Uni ❑ Bilat
- ❑ ANKLE BRACHIAL INDEX
- ❑ OTHER SPECIFY:_____

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
- ❑ MRCP ❑ 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: _____
- ❑ PROSTATE ❑ W/O ❑ BOTH
- ❑ ENTEROGRAPHY

COMPUTED TOMOGRAPHY

- ❑ 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
- ❑ LOW DOSE LUNG SCREEN
- ❑ ABD & PELVIS ❑ W ❑ W/O
- ❑ ABDOMEN ❑ W ❑ W/O
- ❑ PELVIS ❑ W ❑ W/O
- ❑ RENAL STONE PROTOCOL
- ❑ ADRENALS ❑ W ❑ W/O
- ❑ CERVICAL SPINE ❑ W ❑ W/O
- ❑ THORACIC SPINE ❑ W ❑ W/O
- ❑ LUMBAR SPINE ❑ W ❑ W/O
- ❑ CALCIUM SCORE
- ❑ ENTEROGRAPHY
- ❑ UPPER EXTREMITY SPECIFY:_____
- ❑ LOWER EXTREMITY SPECIFY:_____
- ❑ ARTHROGRAM SPECIFY:_____
- ❑ CT ANGIO W / 3D SPECIFY:_____
- ❑ OTHER SPECIFY:_____

COMMENTS