

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Exam: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Appointment: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**MRI Exam:**  With Contrast  Without Contrast**BRAIN:**

- 
- Routine
- 
- IAC
- 
- 
- Pituitary
- 
- Sinus

**MRA:**

- 
- Brain
- 
- Renal
- 
- 
- Carotid
- 
- Femoral

**SPINE:**

- 
- Cervical
- 
- Thoracic
- 
- 
- Lumbar

**EXTREMITIES/JOINTS:**

- 
- Hip
- 
- Knee
- 
- Shoulder
- 
- 
- TMJ (Uni/Bi)
- 
- Other

**XRay:**

- 
- Chest PA / LAT
- 
- Pelvis
- 
- Cervical
- 
- Lumbar
- 
- Upper Extremity
- 
- 
- Abdomen
- 
- Skull
- 
- Thoracic
- 
- Lower Extremity

**CT:**  With Dye - requires BUN, Creat  Without Dye  With and Without Dye - requires BUN, Creat

- 
- Spine \_\_\_\_\_
- 
- 
- Brain \_\_\_\_\_
- 
- 
- Abdomen \_\_\_\_\_
- 
- 
- Chest \_\_\_\_\_
- 
- 
- CTA \_\_\_\_\_
- 
- 
- Extremity \_\_\_\_\_

**Sonograms:**

- 
- Pelvis (GYN)
- 
- Bladder
- 
- Obstetrical Scanning

Do not urinate for 2 hours prior to the exam. Drink at least 40 ounces of water 1 hour prior to the exam.

- 
- Pancreas
- 
- Aorta
- 
- Biliary Tree
- 
- 
- Gallbladder
- 
- Complete Abdominal

Do not eat or drink a MINIMUM of 6 hours prior to examination.

- 
- Thyroid
- 
- Spleen
- 
- Extremities
- 
- 
- Scrotum
- 
- Kidneys
- 
- Breast

NO SPECIAL PREPARATION REQUIRED.

**Cardiology:**

- 
- Color Flow Echocardiogram
- 
- 
- 2-D Echo
- 
- M-Mode

NO SPECIAL PREPARATION REQUIRED.

**Vascular:**

- 
- Color Flow Carotid Duplex
- 
- Peripheral Arterial Duplex Extremities
- 
- 
- Peripheral Venous Duplex Extremities
- 
- Abdominal Aorta

NO SPECIAL PREPARATION REQUIRED.

**Bone Densitometry Exam:**

- 
- Spine BMD
- 
- Hip BMD
- 
- Forearm BMD
- 
- Instant Vertebral Assessment™

**Please send results to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_