

Previous Films, Scans or Surgery

Referring Physician (Please Print)

Referring Physician Signature

Reason for Exam

Indications

Appt. Date and Time	
Patient Contact #	
Authorization #	
DOB	
☐ Hand Carry Films	

If available, please fax a copy of patient's most recent insurance card with this order

	MRI		
	Head:		
_	Routine		
	Spectroscopy		
	Stereotactic		
	Orbit/Face/Sinus		
	Pituitary		
	IAM's		
	Soft Tissue Neck		
	TMJ		
	Cervical Spine		
$\overline{\Box}$	Thoracic Spine		
	Lumbosacral Spine		
	Please check all tha		
	Chronic sciatica		
	RED Flag Condit		
	Cauda Equir		ome
	Suspect Tum	ıor	
	Fracture		
	Suspicion of	Infectio	n
	Congenital Anor	nalies	
	■ Vascular Malform	nations o	r
	Myelopathy		
	☐ Pre-Operative As	ssessme	nt
	Chest		
	Abdomen/Kidneys		
	Pelvis		
	Hips	R	L
	Hips Knee	R	L
	Ankle	R	L
	Shoulder	R	L
	Flhow	R	Ī
$\bar{\Box}$	Wrist	R	L
ō	Brachial Plexus	R	L
$\bar{\Box}$	Other:		-
_			
	MR ANGIO	RAPHY	
	Head: Arterial	Ver	nous
□ Neck			
	Other:		
_			
	MR ARTHRO	OGRAM	

Joint

suran	surance card with this order.		
	СТ		
	Head Orbits Facial Bones/Jaw Sinuses: Routine Limited Temporal Bones/Mastoids Soft Tissue Neck Cervical Spine Thoracic Spine Lumbosacral Spine Please check all that apply		
	CT ANGIOGRAPHY INCLUDING 3D		
	Head AAA Stent Graft Pulm Vein Map Other:		
	CT STEALTH INCLUDING 3D		
	Head Sinus Lumbosacral Spine		
	RADIATION THERAPY		
	Diagnosis and Treatment Planning		
PET			
	Whole Body Head		

Cardiac

APPOINTMENT SCHEDULING 651.632.5700 phone 651.632.5701 fax ☐ Downtown/United Campus ☐ Gallery Towers/St. Joseph's Campus Eagan ■ Woodbury/Lake Elmo ■ Maplewood ☐ Roseville/Arden Hills PREPARATION INFORMATION Please arrive 15 Min 145 Min 160 Min before your scheduled exam time ■ No preparation needed ■ Nothing to eat or drink 4 hrs before exam ☐ Stop taking anticoagulant medication as directed by physician ☐ Will need a ride home ☐ Follow these instructions: _ **ULTRASOUND** ■ Abdomen Pelvis OB Complete ☐ OB + Biophysical Profile Hysterosonogram Aorta □ Carotid Renal ■ Scrotum/Testicles ☐ Thyroid ☐ Venous: Leg: Both Arm: Both ☐ Arterial: Leg: R Both L Arm: Both Other: _ **BREAST** Screening Mammogram Diagnostic Mammogram Ultrasound Breast Ultrasound Guided Cyst Aspiration ☐ Ultrasound Guided Core Biopsy SHOW LOCATION OF MASS RIGHT LEFT SIZE OF MOST RIGHT CM IMPORTANT MASS LEFT (CM) **PAIN MANAGEMENT** Epidural Steroid Injection ■ Nerve Block ■ Sl Joint Injection ☐ Facet Joint Injection Other (Level): **BONE DENSITOMETRY** ☐ Bone Densitometry (Dexa Scan) X-RAYS

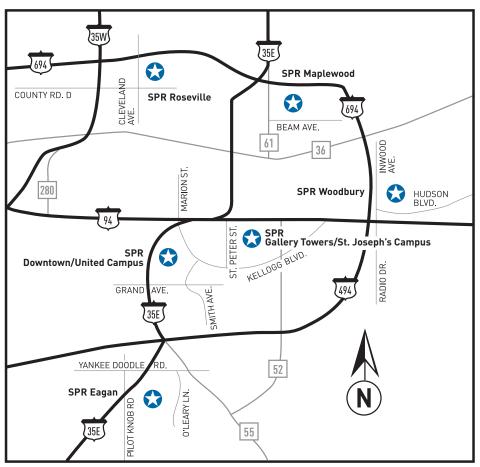
Specify:



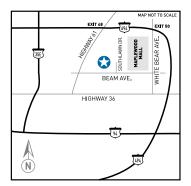
APPOINTMENT SCHEDULING

651.632.5700

For detailed directions to each imaging center, please visit our website at www.stpaulradiology.com

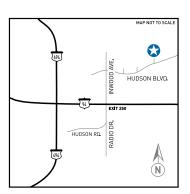


MAP NOT TO SCALE



MAPLEWOOD

MRI, CT, PET/CT, Ultrasound, Digital Mammography, Bone Densitometry, X-Ray 1723-A Beam Avenue Maplewood, MN 55109

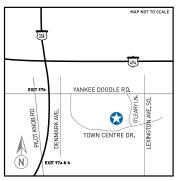


WOODBURY / LAKE ELMO MRI, CT, Pain Management Injections,

8650 Hudson Boulevard, Suite 130 Lake Elmo, MN 55042



ROSEVILLE / ARDEN HILLS Open MRI, CT, Ultrasound, Digital Mammography, Bone Densitometry, X-Ray 3130 Cleveland Avenue North Arden Hills, MN 55112



EAGAN

MRI, CT, Ultrasound, Digital Mammography, Pain Management Injections, Vein Center 1185 Town Centre Drive, Suite 125 Eagan, MN 55123



DOWNTOWN/UNITED CAMPUS MRI, CT, PET/CT, Ultrasound, Pain Management Injections, X-Ray 250 Thompson Street St. Paul, MN 55102



GALLERY TOWERS/ST. JOSEPH'S CAMPUS MRI, CT, Ultrasound, Pain Management Injections, X-Ray, Interventional Clinic 514 St. Peter Street, Suite 100 St. Paul, MN 55102