

Appt. Date and Time _____

Patient Contact # _____

Authorization # _____

Patient _____

DOB _____

Reason for Exam _____

Indications/Symptoms _____

Referring Physician (Please Print) _____

Referring Physician Signature _____

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

APPOINTMENT SCHEDULING

651.632.5700 phone **651.632.5701** fax

- ☐ Downtown/United Campus
- ☐ Gallery Towers/St. Joseph's Campus
- ☐ Eagan
- ☐ Maplewood
- ☐ Roseville/Arden Hills

PREPARATION INFORMATION

Please arrive ☐ 15 Min ☐ 45 Min ☐ 60 Min before your scheduled exam time

- ☐ No preparation needed
- ☐ Nothing to eat or drink _____ before exam
- ☐ Stop taking anticoagulant medication as directed by physician
- ☐ Will need a Taxi
- ☐ Follow these instructions: _____

MRI

- ☐ Head:
 - ____ Routine
 - ____ Spectroscopy
 - ____ Stereotactic
- ☐ Orbit/Face/Sinus
- ☐ Pituitary
- ☐ IAM's
- ☐ Soft Tissue Neck
- ☐ TMJ
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbosacral Spine
- ☐ Chest
- ☐ Abdomen/Pelvis Elastography
- ☐ Abdomen/Pelvis Enterography
- ☐ Abdomen/Kidneys
- ☐ Pelvis
- ☐ Hips R L
- ☐ Knee R L
- ☐ Ankle R L
- ☐ Shoulder R L
- ☐ Elbow R L
- ☐ Wrist R L
- ☐ Brachial Plexus R L
- ☐ Other: _____

MR ANGIOGRAPHY

- ☐ Head: ____ Arterial ____ Venous
- ☐ Neck
- ☐ Other: _____

MR ARTHROGRAM

- ☐ Joint
- ☐ List Joint: _____

X-RAYS

- ☐ Specify: _____

CT

- ☐ Head
- ☐ Orbits
- ☐ Facial Bones/Jaw
- ☐ Sinuses: ____ Routine ____ Limited
- ☐ Temporal Bones/Mastoids
- ☐ Soft Tissue Neck
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbosacral Spine
- ☐ Chest:
 - ____ Routine ____ High Res ____ PE
- ☐ Abdomen and Pelvis:
 - ____ Routine ____ Kidney Stone
- ☐ Hematuria (without delays)
- ☐ CT/Urogram
- ☐ Abdomen Only
- ☐ Pelvis Only
- ☐ Hips
- ☐ Extremity: _____
- ☐ CT Colonography - Failed Colonoscopy
- ☐ Other: _____

CT ANGIOGRAPHY INCLUDING 3D

- ☐ Head
- ☐ AAA Stent Graft
- ☐ Other: _____

CT STEALTH INCLUDING 3D

- ☐ ____ Head ____ Sinus ____ Lumbosacral Spine

PET

- ☐ Whole Body
- ☐ Head
- ☐ Cardiac

PREVENTATIVE SCREENINGS

- ☐ Low-Dose CT
- ☐ Heart
- ☐ Colon
- ☐ Other: _____


ULTRASOUND

- ☐ Abdomen
- ☐ Pelvis
- ☐ OB Fetal Survey (Complete)
- ☐ OB Before 14 Weeks
- ☐ OB Biophysical Profile
- ☐ OB Growth Check (Limited)
- ☐ Hysterosonogram
- ☐ Aorta
- ☐ Carotid
- ☐ Renal
- ☐ Scrotum/Testicles
- ☐ Thyroid
- ☐ Venous: Leg: R L Both
Arm: R L Both
- ☐ Arterial: Leg: R L Both
Arm: R L Both
- ☐ Other: _____

BREAST

- ☐ Screening Mammogram
- ☐ Diagnostic Mammogram
- ☐ MRI
- ☐ Ultrasound Breast
- ☐ Ultrasound Guided Cyst Aspiration
- ☐ Ultrasound Guided Core Biopsy

SHOW LOCATION OF MASS

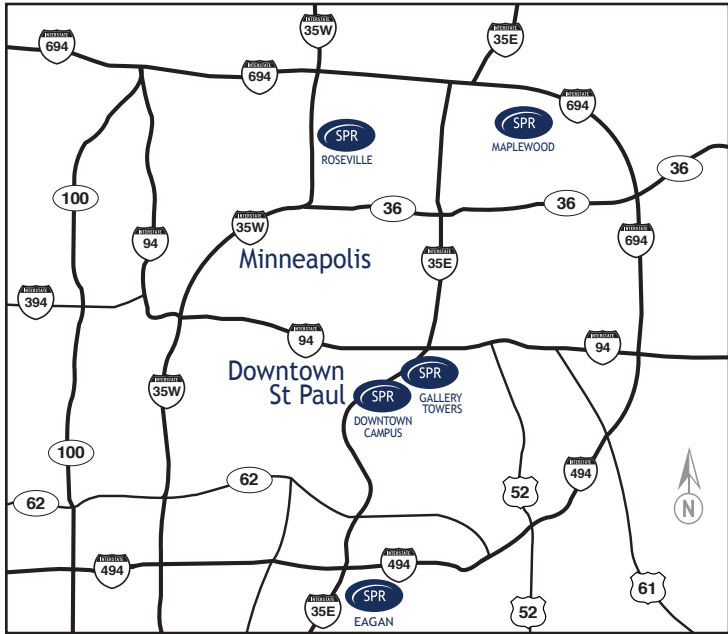
	RIGHT	LEFT					
	<table border="1"> <tr> <td>SIZE OF MOST IMPORTANT MASS (CM)</td> <td>RIGHT</td> <td>CM</td> </tr> <tr> <td></td> <td>LEFT</td> <td>CM</td> </tr> </table>	SIZE OF MOST IMPORTANT MASS (CM)	RIGHT	CM		LEFT	CM
SIZE OF MOST IMPORTANT MASS (CM)	RIGHT	CM					
	LEFT	CM					

PAIN MANAGEMENT

- ☐ Epidural Steroid Injection
- ☐ Other (Level): _____

BONE DENSITOMETRY

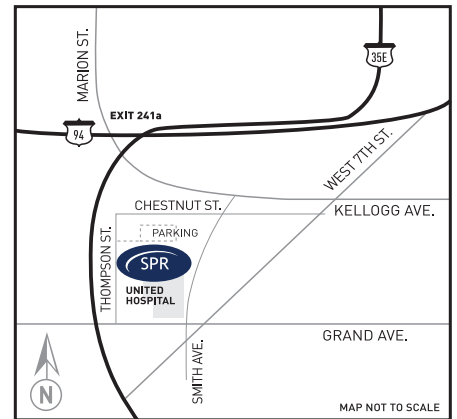
- ☐ Bone Densitometry (Dexa Scan)



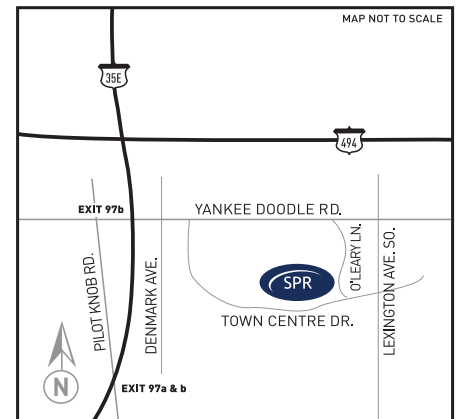
MAP NOT TO SCALE

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

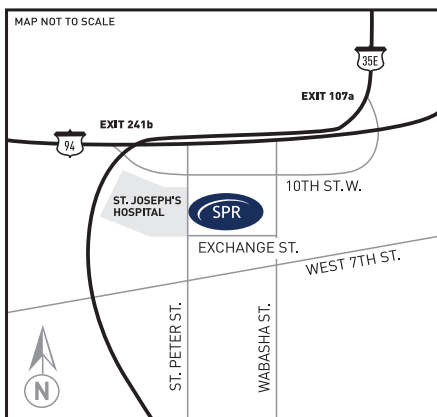
The Name you trust.
The Value you deserve.



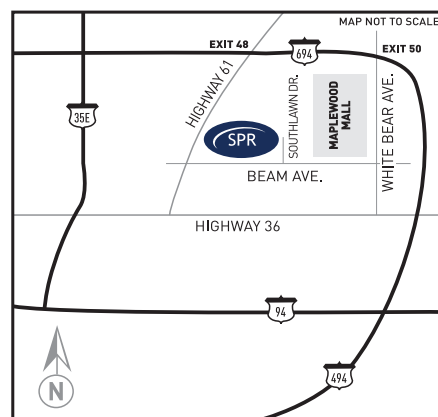
DOWNTOWN/UNITED CAMPUS
IV Sedation, MRI, CT, PET/CT, Ultrasound,
Pain Management Injections, X-Ray
250 Thompson Street
St. Paul, MN 55102
7AM-8PM Mon-Fri
8AM-3PM Sat



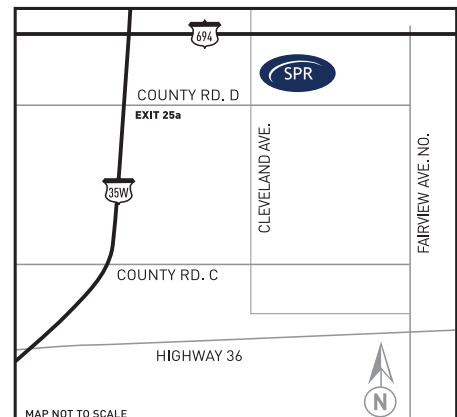
EAGAN
MRI, CT, Ultrasound, Digital Mammography,
Pain Management Injections
1185 Town Centre Drive, Suite 125
Eagan, MN 55123
7AM-7PM Mon/Tue/Wed/Fri
7AM-5:30PM Thu



GALLERY TOWERS/ST. JOSEPH'S CAMPUS
MRI, CT, Ultrasound, Pain Management
Injections, X-Ray
514 St. Peter Street, Suite 100
St. Paul, MN 55102
7AM-7PM Mon-Fri
Interventional Radiology
8AM-5PM Mon-Fri



MAPLEWOOD
MRI, CT, Ultrasound, Digital Mammography,
Bone Densitometry, X-Ray
1723 - A Beam Avenue
Maplewood, MN 55109
7AM-8PM Mon-Fri



ROSEVILLE / ARDEN HILLS
Open MRI, CT, Digital Mammography,
Ultrasound, Bone Densitometry, X-Ray
3130 Cleveland Avenue North
Arden Hills, MN 55112
7AM-10PM Mon-Fri
7AM-3PM Sat