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PATIENT'S NAME:

MRI is contraindicated in patients with Pacemakers, Cochlear Implants & Cerebral Aneurysm Clips.

☐ With ☐ Without Gadolinium

NEURO MRI

- ☐ Brain
- ☐ IAC
- ☐ Orbits
- ☐ Sinuses
- ☐ Sella
- ☐ TMJ ☐ RT ☐ LT ☐ BILAT
- ☐ Neck Soft Tissue
- ☐ Brachial Plexus ☐ RT ☐ LT
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine

BODY MRI

- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ MRCP
- ☐ Breast MRI ☐ RT ☐ LT ☐ BILAT

ORTHO MRI

- ☐ Shoulder ☐ RT ☐ LT
- ☐ Elbow ☐ RT ☐ LT
- ☐ Wrist ☐ RT ☐ LT
- ☐ Hip ☐ RT ☐ LT
- ☐ Knee ☐ RT ☐ LT
- ☐ Ankle ☐ RT ☐ LT
- ☐ Foot ☐ RT ☐ LT
- ☐ Arthrogram
- ☐ Other

MRI ANGIOGRAPHY

- ☐ Intracranial
- ☐ Extracranial
- ☐ Aorta ☐ Thoracic ☐ Abdominal
- ☐ Renal Artery
- ☐ Celiac/SMA
- ☐ Peripheral Vessels

MRV

- ☐ Brain
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis

NEURO CT

- ☐ IV Contrast ☐ Yes ☐ No
- BUN _____ Creat _____
- ☐ Brain
- ☐ Sinuses
- ☐ Temporal Bones
- ☐ Orbits
- ☐ Facial Bone
- ☐ Neck Soft Tissues
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine

BODY CT

- ☐ IV Contrast
- ☐ Oral Contrast
- ☐ Chest
- ☐ Abdomen/Pelvis
- ☐ Pelvis
- ☐ Abdomen
- ☐ Renal Stone (no oral or IV)
- ☐ CT Guided Biopsy

ORTHO CT

- ☐ Extremity ☐ RT ☐ LT
- ☐ Knee (Patellar Tracking Study) ☐ RT ☐ LT
- ☐ Other

CT ANGIOGRAPHY

All coronary studies require BUN & Creatinine

- ☐ Intracranial
- ☐ Carotids
- ☐ Chest ☐ Abdominal ☐ Pelvis
- ☐ Chest PEW/CT Venography
- ☐ Chest, Abd & Pel. Dissection
- ☐ Other Organs
- ☐ Coronary Artery
- ☐ Cardiac Calcium Scoring

Exams with IV contrast may require recent BUN/Creatinine. Please indicate results within 60 days if available or indicate if we need to obtain at time of CT exam.

INTERVENTIONAL PROCEDURES

- ☐ Consultation
- ☐ UFE
- ☐ IVC Filter
- ☐ Chemoembo
- ☐ RFA
- ☐ Biopsy
- ☐ Venous Access
- ☐ Dialysis Graft
- ☐ Renal Artery Stent
- ☐ Kyphoplasty
- ☐ Joint Injection

NUCLEAR MEDICINE

- ☐ Bone - Whole Body
- ☐ Bone 3 Phase
- ☐ Bone W/SPECT/CT
- ☐ Gallium W/SPECT/CT
- ☐ White Blood Cell Study
- ☐ Gallium Scan
- ☐ Cardiac Gated W/EF
- ☐ Prostatect
- ☐ Lymphoscintigraphy
- ☐ Renal Scan
- ☐ Diuretic Renography
- ☐ Biliary Scan
- ☐ with GBEP
- ☐ Lung Scan
- ☐ Gastric Emptying
- ☐ Thyroid Uptake & Scan
- ☐ Parathyroid
- ☐ I131 Whole Body
- ☐ with Thyrogen
- ☐ Monoclonal Antibody Imaging
- ☐ Specify:
- ☐ Brain-SPECT
- ☐ Therapy Specify:
- ☐ Other:

PET

- ☐ PET/CT-Tumor Imaging
- ☐ Brain PET

BREAST IMAGING & BIOPSY

- ☐ Mammography ☐ RT ☐ LT
- ☐ Screening
- ☐ Baseline
- ☐ MRI ☐ RT ☐ LT ☐ BILAT
- ☐ Ultrasound Guided FNA
- ☐ Breast Ultrasound ☐ RT ☐ LT
- ☐ Stereotactic Biopsy ☐ RT ☐ LT
- ☐ MRI Guided Biopsy
- ☐ Sono Guided Biopsy
- ☐ Needle Localization ☐ RT ☐ LT
- ☐ DEXA - Hip/Spine fracture analysis

ULTRASOUND

- ☐ Thyroid
- ☐ Carotid Duplex
- ☐ Abdomen
- ☐ Gall Bladder/RUQ
- ☐ Renal/Bladder
- ☐ Aorta/Retroperitoneum
- ☐ Pelvic ☐ Endovaginal
- ☐ Obstetrical - # of weeks
- ☐ Sonohysterogram
- ☐ Extremity Venous Dopple
- ☐ RT ☐ LT ☐ Upper ☐ Lower
- ☐ Sono Guided Biopsy
- ☐ Scrotal
- ☐ Other

FLUOROSCOPY

- ☐ Arthrogram
- ☐ Esophogram
- ☐ UGI Series
- ☐ Small-Bowel Series
- ☐ Barium Enema
- ☐ Hysterosalpingogram

GENERAL RADIOGRAPH

- ☐ Chest
- ☐ Ribs ☐ RT ☐ LT
- ☐ KUB
- ☐ IVP
- ☐ Obstructive Series
- ☐ Skeletal Survey
- ☐ Skull Series
- ☐ Sinuses
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Pelvis
- ☐ Hip ☐ RT ☐ LT
- ☐ Extremities ☐ RT ☐ LT
- ☐ DEXA - Hip/Spine fracture
- ☐ DEXA Forearm
- ☐ Other

Pertinent History

Reason for Study

Appointment Date

DAY _____ DATE _____ at _____ TIME _____

Signature

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