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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
- Orbita
- Sinuses
- Sella
- TMJ RT LT BILAT
- Neck Soft Tissue
- Brachial Plexus RTO 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
- Orbita
- 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
- Chemoembol
- 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
- Prostascint
- Lymphoscintigraphy
- Renal Scan
- Diuretic Renography
- Biliary Scan
- with GBEF
- 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 RT LT
- 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 O
- Sono Guided Biopsy
- Scrotal
- Other _____

FLUOROSCOPY

- Arthrogram
- Esophagram
- UGI Series
- Small Bowel Series
- Barium Enema
- Hysterosalpingogram

GENERAL RADIOGRAPH

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

Pertinent History _____

Appointment Date _____

DAY _____

DATE _____

TIME _____

Signature _____

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