

## Department of Radiology &amp; Imaging Services

8200 Walnut Hill Lane • Dallas, TX 75231

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Patient Name: John Williams DOB: 1959-06-16 Physician Name / ID #: 6120  
 Diagnosis/Reason for each exam: \_\_\_\_\_ Physician Signature S. Ketha Date: 11/10/2016 Time: 06:47  
 Lower and middle back due to severe pain.

Electronically Signed by: <sup>(Required)</sup> Sumana Ketha,

M.R. Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

☐ STAT ☐ Send Images ☐ Send CD☐ Call Report Phone: (972) 675-7313Fax: (972) 675-7310

Precert #(s) \_\_\_\_\_

CPT Code(s) M54.40**MRI**

- ☐ MR Angiography \_\_\_\_\_  
☐ MR Brain \_\_\_\_\_  
☐ MR Cervical Spine \_\_\_\_\_  
☒ MR Thoracic Spine \_\_\_\_\_  
☒ MR Lumbar Spine \_\_\_\_\_  
☐ MR MRCP \_\_\_\_\_  
☐ MR Chest \_\_\_\_\_  
☐ MR Liver \_\_\_\_\_  
☐ MRA Run off \_\_\_\_\_  
☐ MR Abdomen ☐ Adrenals ☐ Kidneys  
☐ MR Pelvis \_\_\_\_\_  
☐ MR Shoulder ☐ R ☐ L  
☐ MR Elbow ☐ R ☐ L  
☐ MR Wrist ☐ R ☐ L  
☐ MR Knee ☐ R ☐ L  
☐ MR Ankle ☐ R ☐ L  
☐ MR Foot ☐ R ☐ L  
☐ MR Other \_\_\_\_\_  
☐ With/without contrast ☐ Without Contrast

**CT**

- ☐ CT Angiography \_\_\_\_\_  
☐ CT Brain \_\_\_\_\_  
☐ CT Sinuses ☐ Limited ☐ Screening  
☐ CT Cervical Spine (Pediatric)  
☐ CT Thoracic Spine \_\_\_\_\_  
☐ CT Lumbar Spine \_\_\_\_\_  
☐ CT Chest ☐ CT ABD / Pelvic  
☐ CT Abdomen \_\_\_\_\_  
☐ CT Pelvis \_\_\_\_\_  
☐ CT Soft Tissue Neck \_\_\_\_\_  
☐ CT Extremity \_\_\_\_\_  
☐ CT Other: \_\_\_\_\_  
☐ With Contrast ☐ Without Contrast

**ULTRASOUND**

- ☐ Abdomen \_\_\_\_\_  
☐ Aorta \_\_\_\_\_  
☐ Breast \_\_\_\_\_  
☐ Carotid Doppler \_\_\_\_\_  
☐ Peripheral Arterial Doppler \_\_\_\_\_  
☐ Pelvic/Transvaginal (if needed)  
☐ Renal \_\_\_\_\_  
☐ Testicles \_\_\_\_\_  
☐ Thyroid ☐ Thyroid / FNA Biopsy  
☐ Venous Doppler (for DVT) ☐ R ☐ L  
☐ ☐ Upper ☐ Lower  
☐ Venous Doppler (Insufficiency) ☐ R ☐ L  
☐ ☐ Upper ☐ Lower  
☐ Other \_\_\_\_\_

**NUCLEAR MEDICINE**

- ☐ Bone Scan, Whole Body  
☐ Bone Scan, Limited (Area \_\_\_\_\_)  
☐ Bone Scan, 3 phase (Area \_\_\_\_\_)  
☐ Bone SPECT (Area \_\_\_\_\_)  
☐ Cardiac (Use nuclear order form)  
☐ Gastric Emptying  
☐ Hepatobiliary Scan ☐ With CCK  
☐ Infection / Tumor Imaging  
☐ Gallium ☐ Tc WBC  
☐ Liver-Spleen Scan  
☐ Lung Scan (VQ)  
☐ Renal Scan ☐ Lasix ☐ Captopril  
☐ Thyroid Uptake & Scan  
☐ Thyroid Treatment 1-131  
☐ NM VCUG  
☐ Other \_\_\_\_\_

**BONE DENSITY / DEXA**

- ☐ Bone Density / Dexa

**X-RAY**

- ☐ Other \_\_\_\_\_

**HEAD**

- ☐ XR Facial Bones  
☐ XR Orbits ☐ R ☐ L  
☐ XR Nasal Bones  
☐ XR Sinuses  
☐ XR Skull ☐ 2 View ☐ 4 View  
☐ XR Mandible ☐ Panorax  
☐ XR TM Joints ☐ Soft Tissue Neck

**CHEST**

- ☐ XR Chest PA/Lat  
☐ XR Decubitus ☐ R ☐ L  
☐ XR Sternum  
☐ XR Rib Series ☐ R ☐ L

**SPINE & PELVIS**

- ☐ XR Cervical Spine ☐ W/Flex & Ext  
☐ XR Thoracic Spine  
☐ XR Lumbar Spine ☐ Scoliosis Series  
☐ XR Pelvis  
☐ XR Sacrum-Coccyx

**UPPER EXTREMITY**

- ☐ XR Clavicle ☐ R ☐ L  
☐ XR Shoulder ☐ R ☐ L  
☐ XR Humerus ☐ R ☐ L  
☐ XR Elbow ☐ R ☐ L  
☐ XR Forearm ☐ R ☐ L  
☐ XR Wrist ☐ R ☐ L  
☐ XR Hand ☐ R ☐ L  
☐ XR Fingers ☐ R ☐ L

**LOWER EXTREMITY**

- ☐ XR Hip ☐ R ☐ L  
☐ XR Femur ☐ R ☐ L  
☐ XR Knee ☐ R ☐ L  
☐ XR Tibia/Fibula ☐ R ☐ L  
☐ XR Ankle ☐ R ☐ L  
☐ XR Foot ☐ R ☐ L  
☐ XR Heel ☐ R ☐ L  
☐ XR Toes ☐ R ☐ L

**ABDOMEN**

- ☐ XR KUB/Supine ☐ Upright  
☐ XR 2 view flat/upright  
☐ XR Obstructive Series

**GASTROINTESTINAL**

- ☐ XR Esophagram/Barium Swallow  
☐ XR Upper GI  
☐ XR UGI & Small Bowel  
☐ XR Small Bowel Only  
☐ XR Barium Enema

**URINARY TRACT**

- ☐ XR Cystogram  
☐ XR IVP  
☐ XR Urethrogram  
☐ XR Voiding Cystogram

**LAB TEST**

- ☐ Creatinine (Required for contrast)

**SPECIAL PROCEDURES**

- ☐ Arthrogram \_\_\_\_\_  
☐ HSG  
☐ Myelography  
☐ Cervical ☐ Thoracic ☐ Lumbar  
☐ Discogram Levels  
☐ Lumbar Puncture  
☐ Other \_\_\_\_\_



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**Texas Health**  
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 DALLAS

**OUTPATIENT RADIOLOGY  
 ORDER FORM**

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PATIENT IDENTIFICATION