<table>
<thead>
<tr>
<th>PATIENT NAME:</th>
<th>DOB:</th>
<th>MALE/FEMALE:</th>
<th>PHONE: (DAY)</th>
<th>PHONE: (CELL)</th>
<th>FAX:</th>
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**CLINICAL HX/DX:**

- [ ] □  □ CALL PT. TO SCHEDULE

**INSURANCE:**

- [ ] □  □ ALLERGY: Y  N

**GFR/CR:**

- [ ] □  □ Date:  ___________________

**HEALTHCARE PROVIDER NAME:**

- (Print)  ______________________________________________________

**HEALTHCARE PROVIDER SIGNATURE:**

-  _____________________________________________________________

**Authorization Support**

- Copy front and back of insurance card
- Fax appropriate physician notes
- Fax to appropriate MemorialCare location

**Scheduling:**

- [ ] □ Ultrasound (Doppler if indicated, 3D as indicated)
- [ ] □ Abdomen  □  □ Abdominal
- [ ] □ Aorta  □  □ Renal with
- [ ] □ Bladder  □  □ Renal Arterial
- [ ] □ w/ Duplex
- [ ] □ Pelvic Artery with TV  □  □ Scrotal with Duplex
- [ ] □ OB  □  □ 1st Trimester  □  □ 2nd / 3rd Trimester
- [ ] □ Thyroid  □  □ Neck/Lymph Nodes  □  □ Carotid
- [ ] □ Venous  □  □ UE  □  □ LE
- [ ] □ R  □  □ L  □  □ Bilateral
- [ ] □ Arterial LE with ABI  □  □ R  □  □ L
- [ ] □ Bilateral
- [ ] □ Arterial UE  □  □ R  □  □ L
- [ ] □ Bilateral
- [ ] □ LE Venous for Insufficiency  □  □ R  □  □ L
- [ ] □ Hysterosonogram  □  □ Soft tissue (Location)
- [ ] □ Other

**MRI**

- [ ] □ Contrast per rad  □  □ w/ contrast  □  □ no contrast

**Brain**

- [ ] □ w/ MRA non contrast

**Spine**

- [ ] □ Neck  □  □ C  □  □ T  □  □ L
- [ ] □ Sacrum/Coccyx

**Pelvis**

- [ ] □ Female Pelvis

**Heart**

- [ ] □ Joint  □  □ R  □  □ L
- [ ] □ Bilateral

**Neck MRI with contrast**

- [ ] □ Neck Soft Tissue with contrast

**Abdomen**

- [ ] □ Liver  □  □ Eovist (liver)
- [ ] □ Kidney  □  □ Adrenal Glands
- [ ] □ MRA Renals  □  □ Pancreas  □  □ MRCP  □  □ Enteroigraphy
- [ ] □ Pelvis  □  □ Female Pelvis

**Other:**

- [ ] □ MRI Arthrogram:
  - [ ] □ with imaging guidance as needed

**X-Ray**

- [ ] □ Abdomen  □  □ 2 View  □  □ KUB  □  □ AAS
- [ ] □ Chest  □  □ 1 View  □  □ 2 View

**Rib:**

- [ ] □ Including chest  □  □ R  □  □ L  □  □ Bilateral

**Foot:**

- [ ] □ R  □  □ L  □  □ Knee  □  □ R  □  □ L

**Ankle:**

- [ ] □ R  □  □ L  □  □ Elbow  □  □ R  □  □ L

**Hand:**

- [ ] □ R  □  □ L  □  □ Wrist  □  □ R  □  □ L

**Shoulder:**

- [ ] □ R  □  □ L  □  □ Hip (w/pelvis):

**Pelvis AP**

- [ ] □ L  □  □ C  □  □ T  □  □ L  □  □ Weight Bearing

**Spine:**

- [ ] □ Routine  □  □ AP/LAT  □  □ Add Flex/Ext
- [ ] □ Scoliosis
- [ ] □ Sinus  □  □ Waters  □  □ Series

**Nuclear Medicine**

- [ ] □ Bone Scan
- [ ] □ 3-phase  □  □ Multiple  □  □ Whole Body
- [ ] □ SPECT Location

**Myocardial Perfusion**

- [ ] □ SPECT

**Myoglobin:**

- [ ] □ C  □  □ T  □  □ L

**Extremity:**

- [ ] □ CTA Brain (only)
- [ ] □ CTA Neck/Brain

**PET/CT**

- [ ] □ Skull base to thigh  78815
- [ ] □ Bone scan w NaF18
- [ ] □ Whole Body (Melanoma)  78816
- [ ] □ Brain  78608

**PET/CT Skull base to thigh w/ contrast incl diagnostic CT**

- [ ] □ With:  □  □ Neck  □  □ Chest  □  □ Abdomen  □  □ Pelvis
IT IS REQUIRED THAT YOU BRING THIS ORDER FORM WITH YOU.

2. Please bring a valid ID card with you along with your insurance card. Some exams require authorization.

3. For scheduled appointments, please arrive 15 minutes before your exam to complete registration.

4. If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, buckles or zippers and do not wear watches or jewelry.

5. To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.