



1970 E. 53RD ST.
Davenport, IA 52807
(563) 359-3931 (voice)
(563) 359-8726 (fax)

PATIENT NAME _____

REF. PHYSICIAN _____

APPT DATE _____

Indication/Symptom/Diagnosis:
(Please do not use "Rule-out" as a primary diagnosis)

X-RAYS HEAD & NECK	X-RAYS, continued LOWER EXTREMITIES	ULTRASOUND	HIGH FIELD OPEN MRI
FACIAL BONES	HIP - UNILATERAL R L	VENOUS DOPPLER - BILATERAL	MRI BRAIN
NASAL BONES	HIPS - BILAT. & PELVIS	VENOUS DOPPLER - UNILAT R L	MRI POST FOSSA/CRAN. NERVES
ORBITS	FEMUR R L	CAROTID DOPPLER - BILATERAL	MRI INT. AUDITORY CANALS
SKULL - AP & LATERAL	KNEE R L	THYROID ECHO	MRI PITUITARY (SELLA)
SKULL - COMPLETE	KNEE - STANDING AP R L	ABDOMEN ECHO	MRI CERVICAL SPINE
NECK - SOFT TISSUE	TIBIA-FIBULA R L	Includes GB, Liver, Common Bile Duct, Pancreas, Spleen, Aorta & IVC	MRI THORACIC SPINE
ORBITS - FOREIGN BODY	LOWER EXTREMITY-INFANT R L	ABDOMEN ECHO - Ltd (specify quadrant or organ)	MR CARDIAC -LV FUNCTION w/ EF
CHEST	ANKLE R L	-----	MRI CARDIAC - OTHER (PLEASE SPECIFY)
CHEST - PA & LATERAL	FOOT R L	RETROPERITONEAL/AORTA/RENAL	MRI ANGIO
CHEST - 1 VIEW	HEEL (CALCANEUS) R L	RENAL W/DOPPLER (HYPERTENSION)	Circle of Willis
RIBS - UNILATERAL R L	ABDOMEN	OB ECHO < 14 WEEKS	Carotids
RIBS - UNILAT & PA CHEST R L	ABDOMEN - FLAT PLATE (KUB)	OB ECHO > 14 WEEKS	Abdominal
RIBS - BILATERAL	ABDOMEN - FLAT & UPRIGHT	OB ECHO -MULTI GEST; <14 WEEKS	Abdominal w/ Runoffs
RIBS - BILATERAL W/ PA CHEST	ABDOMEN - FLAT, UP, & PA CHEST	OB ECHO -MULTI GEST; >14 WEEKS	Renal
STERNUM	ABDOMEN-CHILD; FOREIGN BODY	PELVIS ECHO - ENDOVAG & TRANSABD	Other
STERNO-CLAVICULAR JOINTS	GI / URINARY TRACT	PELVIS ECHO - ENDOVAGINAL	MRI LUMBAR SPINE
SPINE & PELVIS	ESOPHAGRAM	PELVIS ECHO - TRANSABDOMINAL	MRI SPINAL SURVEY
CERVICAL - AP & LAT	UPPER GI	SCROTUM ECHO	MRI SOFT TISSUE NECK
CERVICAL - COMPLETE	UPPER GI W/ SM. BOWEL	EXTREMITY ECHO R L	MRI ABDOMEN
CERVICAL-COMPLETE & FLEX-EXT	SMALL BOWEL ONLY	CT SCANS	MRCP
THORACIC - AP,LAT & SWIMMERS	BARIUM ENEMA	CT HEAD	MRI PELVIS
SCOLIOSIS SERIES	IVP	CT INTERNAL AUDITORY CANALS	MRI SHOULDER R L
LUMBAR - AP & LAT	CYSTOGRAM	CT ORBITS	MRI ARTHROGRAM - SHOULDER R L
LUMBAR - COMPLETE	CYSTOGRAM - VOIDING	CT FACIAL BONES	MRI ARTHROGRAM - OTHER (PLEASE SPECIFY)
LUMBAR - COMPLETE W/ FLEX-EXT	BONE DENSITOMETRY	CT SINUSES - LTD (AXIAL)	MRI HIPS R L
PELVIS AP ONLY	BONE DENSITY (Osteoporosis Screening)	CT SINUSES - COMPLETE (CORONALS)	MRI KNEE R L
PELVIS W/ LATERAL HIP R L	MAMMOGRAPHY	CT SOFT TISSUE. NECK	MRI OTHER JOINT/EXTREMITY (PLEASE SPECIFY) R L
SI JOINTS	MAMMOGRAM - SCREENING	CT CERVICAL SPINE	PRE-MRI ORBIT X-RAYS FOR METAL IF INDICATED
SACRUM & COCCYX	MAMMOGRAM - DIAGNOSTIC, UNI R L	CT THORACIC SPINE	NUCLEAR MEDICINE
UPPER EXTREMITIES	MAMMOGRAM - DIAGNOSTIC, BILAT	CT LUMBAR SPINE	BONE IMAGING - WHOLE BODY
CLAVICLE R L	SPECIAL EXAMS	CT CHEST - NODULE ONLY	BONE IMAGING - SPECT
SCAPULA R L	ARTHROGRAM - SHOULDER	CT CHEST ROUTINE	BONE IMAGING - 3 PHASE
SHOULDER R L	ARTHROGRAM - OTHER JOINT	CT ABDOMEN & PELVIS (diaphragm to pubis)	BONE IMAGING - LTD
A-C JOINTS - BILATERAL	BIOPSY - (discuss w/ Radiologist)	CT ABDOMEN (diaphragm to crest)	ADDITIONAL X-RAYS as indicated by Bone Scan
HUMERUS R L	DISKOGRAM (INDICATE LEVELS)	CT PELVIS (iliac crest to pubis)	LUNG SCAN VENTILATION & PERFUSION
ELBOW R L	DISKOGRAM (INDICATE LEVELS)	CT ABD/PELVIS - STONE PROTOCOL	HIDA (Hepatobiliary) w/wo CCK
FOREARM R L	EPIDURAL STEROID INJECTION	CT HIPS	LIVER IMAGING - SPECT
UPPER EXTREMITY-INFANT R L	FACET INJECTION (INDICATE LEVELS)	CT JOINT / EXTREMITY R L (Please specify _____)	LIVER & SPLEEN W/ VASC FLOW
WRIST R L	MYELOGRAM w/ CT SCAN Region _____	CT CORONARY ANGIOGRAM	RENAL IMAGING W/ VASC FLOW
HAND R L	HYSTEROSALPINGOGRAM	CT HEART SCORE™	RENAL IMAGING W/ PHARM INT
BONE AGE		CT LUNG CANCER SCREENING	THYROID UPTAKE AND SCAN
BONE SURVEY			PARATHYROID
			I-131 WHOLE BODY SCAN
			I-131 THERAPY
			THYROID ABLATION FOR CA
			CERETEC WBC SCAN
			INDIUM WBC SCAN
			TAGGED RBC (Liver Hemangioma)
			CARDIAC IMAGING (MUGA) - IVG
			CYSTOGRAM

◆ ADVANCED SCHEDULING REQUIRED

OTHER EXAM / COMMENTS

CALL REPORT []

FAX REPORT []