



# OUTPATIENT IMAGING

To Schedule Appt  
912-800-4OPI

Fax order, notes, demographics to 912-357-6352

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Phone \_\_\_\_\_ Insurance \_\_\_\_\_

Referring Physician \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Exam \_\_\_\_\_ STAT  Number to call \_\_\_\_\_

Appointment Date \_\_\_\_\_ at \_\_\_\_\_ (a.m.) (p.m.)

PLEASE BRING YOUR INSURANCE CARD. CO-PAYMENT IS EXPECTED AT THE TIME OF SERVICE.  
PLEASE NOTIFY TECHNOLOGIST IF YOU ARE OR SUSPECT YOU MIGHT BE PREGNANT.

**CIRCLE EXAMINATION DESIRED**

**HIGH FIELD OPEN MRI**

NO PACEMAKERS NO STIMULATORS

NO CONTRAST  WITH/WITHOUT CONTRAST

- MR Brain  MR Pituitary
- MR Temporal Bones
- MR Angiography  Brain  Neck
- MR Cervical Spine
- MR Thoracic Spine
- MR Lumbar Spine

MR Abdomen LIVER PANCREAS RENAL

- MRCP
- MR Pelvis
- MR Shoulder (R) (L)
- MR Elbow (R) (L)
- MR Wrist (R) (L)
- MR Hand (R) (L)
- MR Knee (R) (L)
- MR Hip (R) (L)
- MR Foot (R) (L)
- MR Ankle (R) (L)
- MR Arthrogram - Shoulder - Hip \_\_\_\_\_

MR OTHER \_\_\_\_\_

**FLUOROSCOPY/ABDOMEN**

- IVP (No Tomos)
- Esophagram/Barium Swallow
- Upper GI
- Upper GI & Small Bowel
- Small Bowel Only
- Sniff Test

**CT SCAN (HELICAL)**

ORAL

NO CONTRAST  WITH CONTRAST  IV

- CT Brain
- CT Angiography  HEAD  NECK
- CT Sinuses
- CT Cervical Spine
- CT Thoracic Spine
- CT Lumbar Spine
- CT Calcium Scoring-Coronary Arteries
- CT Soft Tissue Neck
- CT Chest
- CT Abdomen (diaphragm to iliaccrest)
- CT Pelvis
- CT ABD/Pelvis
- CT Urogram / Stone Protocol (diaphragm to pubis)
- CT Extrem & Reconstructions
- Low-Dose Lung Screen
- PE Chest
- CTA - Runoff
- CTA Abd/Pelvis
- CT OTHER \_\_\_\_\_

- MAMMOGRAM - SCREENING
- MAMMOGRAM - DIAGNOSTIC
- MAMMOGRAM - UNILATERAL (R) (L)

- BONE DENSITY
- INSTANT VERTEBRAL ASSESSMENT-IVA
- Whole Body Composition

**GENERAL X-RAY**

- KUB  Bone Age
- Abdominal Series
- Nasal Bones
- Sinuses
- Chest PA/LAT
- Rib/PA Chest (R) (L)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis
- Sacrum/Coccyx
- Clavicle (R) (L)
- Shoulder (R) (L)
- Humerus (R) (L)
- Elbow (R) (L)
- Forearm (R) (L)
- Wrist (R) (L)
- Hand (R) (L)
- Hip (R) (L)
- Femur (R) (L)
- Tibia/Fibula (R) (L)
- Knee (R) (L)
- Ankle (R) (L)
- Foot (R) (L)
- Heel (R) (L)
- SI Joints
- Scoliosis Series
- OTHER \_\_\_\_\_

**ULTRASOUND**

- Aorta
- Abdomen
- Breast (Please include Mammo film)
- Carotid Doppler
- RUQ/Gallbladder/Pancreas/Liver
- Pelvic Complete
- Pelvic & Transvaginal
- Renal
- Testicular Scrotal with Doppler
- Venous Doppler, Extremity  Unilateral  Bil.
- Arterial Doppler, Extremity  Unilateral  Bil.
- Thyroid
- Thyroid Biopsy
- US OTHER \_\_\_\_\_

