

The Imaging Center

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 at Harmony: 2127 E. Harmony Road • Fort Collins, CO • 80528
 at Centerra: 2500 Rocky Mountain Avenue, Ste. 150 • Loveland, CO • 80538

REQUEST FOR RADIOLOGY SERVICES

Patient Name _____ Birthdate _____

Check-In Time _____ Appointment Time _____ Date _____ Referring Physician _____

STAT FAX REPORT Yes No Fax # _____ STAT CALL REPORT Yes No Phone # _____

Diagnosis or pertinent history, REQUIRED _____	ICD-9 diagnosis code(s), REQUIRED _____
Signs and symptom(s), REQUIRED _____	Referring Physician's Signature : _____

X-RAY

Appointments Are Not Needed unless indicated

Chest

- PA & Lateral Chest
- PA or AP Chest
- Ribs: L R (includes PA chest)
- Decubitus Chest: L R
- Sternum

Abdomen

- KUB
- ABD 2 Way (Upright & KUB)
- ABD 3 Way (Upright, KUB and PA chest)

Skull and Face

- Skull: Routine or AP, Lat
- Sinuses: Routine or Waters only
- Facial Bones
- Nasal Bones
- Mandible
- Orbit

Spine

- Cervical Spine:
 - 3 Views (AP, Lat, Odontoid)
 - 3 Views (Lat, Flex/Ext)
 - 4 Views (AP, Lat, Flex/Ext)
 - 7 Views (AP, Lat, Flex/Ext, Obliques)
- Thoracic Spine
- Scoliosis

Thoracolumbar

- Lumbar Spine:
 - 3 Views (AP, Lat, Spot)
 - 4 Views (AP, Lat, Flex/Ext)
 - 5 Views (AP, Lat, Spot, Obliques)
- Sacrum/Coccyx

Upper Extremity

- Clavicle L R
- AC Joints Bilat with weights or L R
- Shoulder L R
- Humerus L R
- Elbow L R
- Forearm L R
- Wrist L R
- Hand L R
- Finger L R
- Bone Age L

Lower Extremity

- Pelvis
- Hip (includes AP Pelvis) L R
- SI Joints
- Femur L R
- Knee:
 - 2 Views (AP, Lat) L R
 - 3 Views (AP, Lat, Oblique) L R
 - 4 Views (AP, Lat, tunnel, Pat) L R
- Tib/Fib L R

- Ankle L R
- Foot L R
- Heel L R
- Toe _____ L R
- Other _____
- Bone Survey _____
- (Primary neoplasm)

**Appointments are required
for the following.
Available at Harmony Site only**

Fluoroscopic Exams

- Esophagram
- Upper GI
- Upper GI and SB Follow Through
- Small Bowel only
- Barium Enema (Single Contrast)
- Barium Enema (Air Contrast)
- Volding Cystourethrogram (VCUG)
- Cystogram
- IVP (with tomograms)

Bone Densitometry*

- Available at Harmony Site only
- Dexa
- Date of Last BMA: _____

ULTRASOUND

Requires Appointments For All Exams

General Abdomen <input type="checkbox"/> Renal <input type="checkbox"/> Aorta <input type="checkbox"/> Pelvic Female <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal <input type="checkbox"/> Thyroid <input type="checkbox"/> Testicular <input type="checkbox"/>	Vascular/Doppler Venous Doppler: Lower Extremity: R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> For DVT <input type="checkbox"/> Upper Extremity: R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> For DVT <input type="checkbox"/>	Carotid Doppler <input type="checkbox"/> Visceral Artery Doppler <input type="checkbox"/> Portal Venous Doppler <input type="checkbox"/> Biopsy/Procedural Thyroid Biopsy <input type="checkbox"/> Thoracentesis <input type="checkbox"/> (with Post Procedure CXR's) Paracentesis <input type="checkbox"/> Biopsy other site <input type="checkbox"/> Site _____	Obstetrical/ Fetal/OB <input type="checkbox"/> Limited OB(AFI) <input type="checkbox"/> Other _____
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AAA ULTRASOUND SCREENING

Requires Appointments For All Exams

CT *

Requires Appointments For All Exams

Brain

- Trauma, stroke, TIA, mental status change (w/o contrast)
- Known Mass, Infection (with and w/o contrast)
- History of cancer (with and w/o contrast)

Chest

- Mass, new nodule (with contrast)
- F/u nodule, poor renal fxn (w/o contrast)
- Cough, SOB, cxr abnormality, pneumonia (with contrast)
- Interstitial lung disease (Hires w/o contrast)
- Pulmonary Embolism (CTA) (with contrast and reconstructions)

Abdomen and Pelvis

- Routine, Pain (with contrast)
- Renal Stone (w/o contrast)
- Appendicitis (w/ contrast)
- Diverticulitis (with contrast)
- Retroperitoneal bleed, hematoma (w/o contrast)
- Organ Specific
 - Liver (Hepatitis, elevated LFT's, liver mass) BI Phase
 - Pancreas (Mass) (with and w/o contrast)
 - Kidney (Mass, hematuria) (with and w/o contrast)
 - (New Mass) Adrenal Glands (Abdomen only) (with and w/o contrast)
- Followup Adrenal mass (w/o contrast)

Abdomen only (Diaphragm → iliac crest)

- Routine, Pain (with contrast)
- Poor Renal Fxn (w/o contrast)

Pelvis only (Iliac crest → pubic symphysis)

- Pelvis Mass, Pain (with contrast)
- Poor Renal Fxn (w/o contrast)
- Injury, bony lesion or fracture

Extremity (with reconstructions):

- Lower w/o contrast (injury, pain, fracture, bone lesion)
Site _____ L R
- Lower with and w/o contrast (Soft tissue mass, infection, abscess)
Site _____ L R
- Upper w/o contrast (injury, pain, fracture, bone lesion)
Site _____ L R
- Upper with and w/o contrast (Soft tissue mass, infection, abscess)
Site _____ L R

Neck

- Salivary glands (with and w/o contrast)
- Mass, lymphadenopathy (with contrast)

Sinus CT

- Sinusitis (w/o contrast)
- Mass Characterization (with and w/o contrast)

Spine (with reconstructions):

- Cervical (w/o contrast)
- Thoracic (w/o contrast)
- Lumbar (w/o contrast)

CT Guided Biopsy

Biopsy: Site _____

Other _____

CT: Most Recent Serum Creatinine

Date: _____

CT ANGIOGRAMS

Requires appointments for all exams. All exams are contrast and require reconstructions unless otherwise indicated

- Aorta: (Dissection, aneurysm)
- Thoracic (Arch → diaphragm)
- Thoracic and Abdominal (Arch → iliac bifurcation)
- Thoracic, Abdominal and Pelvic (Arch → groin)
- Abdominal and Pelvic (Diaphragm → groin)
- Endograft planning
- Endograft F/U (with and w/o contrast)
- Pelvic (Distal aorta → groin)
- Aorta w/runoff (diaphragm → toes)
- Renal Artery CTA
- Mesentric Artery CTA
- Carotid Artery CTA
- Circle of Willis CTA
- Coronary Artery CTA (with and w/o contrast)
- Pulmonary Artery CTA (PE)
- Lower extremity CTA
- Upper extremity CTA R L

CARDIAC CALCIUM SCORING

Requires Appointments For All Exams

LUNG CANCER SCREENING

Requires Appointments For All Exams

VIRTUAL COLONOSCOPY

Requires Appointments For All Exams

INTERVENTIONAL & PAIN MANAGEMENT

Requires Appointments For All Exams

- Epidural Injection
- SI Injection
- Facet Injection
- Joint Injection
- PICC Line Insertion
- Nerve Block
- Arthrogram L R
- Joint _____
- Other _____

Patient Name: _____