

EMPLOYEE & DEPENDENTS RADIOLOGY ORDER FORM

Patient Name: _____

Date: _____ Referring facility _____

Last _____ First _____ M.I. _____

Referring Physician: _____

Date of birth ____/____/____

Signature: _____

GMH Employee or Dependent

Diagnosis/ Indications _____

Insurance Plan: _____

Member # _____

Phone number: _____

Primary _____ Secondary _____

ICD codes/ CPT _____

Authorization/precert# _____

URGENCY

STAT (call report) Same Day(Call Report) Send films with patient

DIAGNOSTIC RADIOLOGY		ULTRASOUND		CAT SCAN	
HEAD & NECK	CHEST	ABDOMEN COMPLETE - Liver, Kidneys, Gallbladder, Spleen,		BRAIN	
NECK SOFT TISSUE	CHEST PA & LAT (2 VIEW)	ABDOMEN LIMITED (RUQ)		MAXILLO FACIAL	
SPINE	CHEST PA (1 VIEW)	RETROPERITONEAL (Renal or Kidneys)		ORBITS	
CERVICAL SPINE	RIBS R / L	PELVIC (uterus and ovaries)		SINUSES	
THORACIC SPINE	DECUBITUS	TRANSVAGINAL		NECK	
LUMBAR SPINE	EXTREMITIES	SCROTUM (Testicles)		CHEST	
FLEX & EXT. CERVICAL	SHOULDER R / L	DUPLEX CAROTID (Arteries in Neck)		ABDOMEN	
FLEX & EXT. LUMBAR	HUMERUS R / L	EXTREMITY ARTERIAL PVR (arteries in legs: r/o claudication)		ABDOMEN & PELVIS	
PELVIS	ELBOW R / L	THYROID		PELVIS	
SACRUM/ COCCYX	FOREARM R / L	EXTREMITY NON-VASCULAR (Baker's Cyst; Superficial Mass)		SPINE (SPECIFY)	
SCOLIOSIS STUDY	WRIST R / L	DOPPLER COMPLETE- (both legs/both arms)		EXTREMITY UPPER	
ABDOMEN	HAND R / L	DOPPLER UNILATERAL (One leg or one arm)		EXTREMITY LOWER	
ABDOMEN (KUB)	FINGERS R / L (Specify specific digit below)	Thoracentesis (Chest)		PE Protocol	
ABD. FLAT & ERECT	HIP R / L	Paracentesis (Abdomen)		CTA (Specify Area)	
V.C.U.	FEMUR R / L	Thyroid FNA (Biopsy)		CT Biopsy / Drainage (Specify organ or site)	
UPPER G.I.	KNEE R / L	Hysterosonogram			
I.V.P.	FOOT R / L	Liver Biopsy		<input type="checkbox"/> With Contrast	
SMALL BOWEL	TOES R / L (Specify specific toes below)	Chest Pleural Effusion		<input type="checkbox"/> Without Contrast	
BARIUM ENEMA (Single)	HEEL (CANANEUS) R / L	Abdominal Retroperitoneal Doppler		<input type="checkbox"/> With & Without Contrast	
B.E. W/AIR CONTRAST	TIB / FIB R / L	Cranial US		OTHER	
BA SWALLOW	WEIGHT BEARING KNEES	Hips		HYSTEROSALPINGOGRAM	
	RHEUMATOID ARTHRITIS HANDS	EXTREMITY ARTERIAL (Aneurysm)		ARTHROGRAM (SPECIFY)	
	BONE AGE	VENOUS MAPPING		EPIDURAL INJECTION (SPECIFY)	
	BONE LENGTH STUDIES			FACET INJECTION (SPECIFY)	
	WEIGHT BEARING FEET			MYELOGRAM (SPECIFY)	
				DISCOGRAM (SPECIFY)	
				LUMBAR PUNCTURE	

Clinical Diagnosis & Reason for exam: (Do not use: rule out, suspected, possible, probable, per doctor, see chart, none given, post-up, pan, MVA/MVC, chemo, TPN, fracture, fall, immobile, follow-up, bedridden, see comment, evaluate, questionable)

Please bring this form (completed and signed by your physician), and your insurance card with you to the hospital or clinic.

Arriving without this form signed by the physician may result in delay or cancellation of your test.

It is your responsibility to call your insurance company prior to your scheduled test date, to check coverage and see if you need a referral or pre-certification. Your insurance plan may consider your test / procedure as a screen or non-covered service.

EMPLOYEE & DEPENDENTS ONLY: Fax orders to Central Scheduling 404- 616-5700, Call 404-616-2500

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Date of birth ____/____/____	Signature: _____
<input type="checkbox"/> GMH Employee or Dependent	Diagnosis/ Indication _____
Insurance Plan: _____	_____
Member # _____	ICD codes/ CPT _____
Phone number: _____	Precert # _____
Primary _____ Secondary _____	

URGENCY

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NUCLEAR	PET / CT	MRI	ANGIOGRAPHY
THYROID IMAGE W/ UPTAKE	PET Lung SPN Characterization (single pulmonary Nodule)	MRI Brain MRI Pituitary	Picc Line Placement
THYROID CA/METS IMAGE WHOLE BODY(131 WholeBody)	PET Img Whbd Ring dx lung Ca	MRI Orbits	Pas-Port Placement
PARATHYROID SCAN	PET WhBd ring init lung	MRI IAC	Pas-Cath Placement
LIVER/SPLEEN W/ VASCU FLOW	PET Imaging WhBD ring initial lymphoma	MRI T.M. Joints	Perma-Cath Placement
LIVER STDY W/ SERIAL IMAGES (HIDA)	PET WhBD ring Initial staging Breast	MRI Head	Perma-Cath Placement
GASTRIC EMPTYING	PET WhBD response to treatment	MRI Neck	A-V Fistulogram
BONE IMAGING WHOLE BODY	PET WhBD ring restaging Lung	MRI Cervical Spine MRI Thoracic Spine	Uterine Artery Embolization (UAE)
BONE IMAGING 3 PHASE STUDY	PET Imaging WhBD dx esophagus	MRI Lumbar Spine	Nephrostomy Tube Placement (PCN)
BONE DENSITY DUAL PHOTON (DEXA SCAN)	PET Imaging WhBd restaging esophagus	MRI Chest	Nephrostogram
CARDIAC SCAN GATED (MUGA SCAN)	PET Imaging Whbd restaging colorectal	MRI Abdomen	Nephrostomy Tube Change
VENOGRAM BILAT (Accutect)	PET imaging WhBd ring initial colorectal	MRI Pelvis	Gastrostomy Tube Placement
PERFUSION LUNG SCAN	PET Img WhBd reg ring dx head	MRA Abdomen (Renals)	
AEROSOL & PERFUSION LUNG SCAN	PET imaging WhBD ring dx melanoma	MRA Chest	Gastrostomy Tube Change
QUANTITATIVE DIFFERENTIAL / SPLIT LUNG	PET WhBD ring restaging Head & Neck	MRA Other (Specify)	Biliary Tube Placement
RENAL SCAN W/FLOW & FUNCTION	PET imaging WhBd ring init melanoma	MRI Knees	Biliary Tube Change
RENAL SCAN W/PHARM INTERV (LASIX)	PET imaging WhBD ring restaging melanoma	MRI Shoulders	Biliary Tube Check
RENAL SCAN WITH CAPTOPRIL	PET ring diagnosis lymphoma	MRI Elbow	Cerebral Angio
CERETEC,WBC BONE SCAN	PET WhBd ring dx colorectal	MRI Hips	Aortogram with lower Extremity Run-Off (R / L / Both)
GALLIUM SCAN	PET WhBD ring restaging Breast	MRI Femur	Other - Specify Below
PERSANTINE STRESS TEST	PET Imaging WhBD reg ring initial head	MRI Lower Extremity	
DOBUTAMINE STRESS TEST	PET SCAN ring restaging lymphoma	<input type="checkbox"/> Without Gadolinium (Dye)	
THALLIUM STRESS TEST		<input type="checkbox"/> With & Without Gadolinium (Dye)	
		MRI Other Site (Specify)	

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