

Requisition / Order Instructions



Please bring this form and your insurance card(s) with you 15 minutes prior to your diagnostic exam. If you arrive 15 minutes past your scheduled appointment it may be necessary to reschedule your exam.

2104 Cedarwood Drive, Suite 100
Muscatine, Iowa 52761
563-263-3400 • 563-263-3311 (fax)

Patient Legal Name: Last _____ First _____ M.I. _____
 Patient Birthdate: _____ Appointment Date: - _____ Time: _____ : _____ a.m. p.m.
 (circle one)

Call report: _____ Patient needs to speak with physician before leaving Patient may leave after exam Patient should return to physicians office
(pager/phone #)

Radiologist may edit order

Physicians Signature / Print Dr. Name: _____ Date: _____

HISTORY and SYMPTOMS: _____

Muscatine Radiology to Schedule () Y () N Phone #: <----- See more options and prep instructions on the back of this form.

MRI * / **	CT **	PLAIN FILM X-RAY	ULTRASOUND
Brain (routine) (IAC) (cranial nerves) (pituitary) wo or w/wo contrast - 70551,53	Head (brain) wo or w/wo contrast- 70450,70	ABDOMEN	Abdomen:
Orbit / Face / Neck a. (orbits), (soft tissue throat), (brachial plexus) w/wo contrast- 70540	Face (sinus) (maxillofacial) wo or w contrast- 70486,87	Flat & Upright	Abdomen complete (see back)
Spine (cervical) wo or w/wo contrast - 72141,56 (thoracic) wo or w/wo contrast -72146, 57 (lumbar) wo or w.wo contrast- 72148, 58	Skull (temporal bone) (orbits) wo or w contrast- 70480,81	KUB	Gallbladder/RUQ (see back)
Upper Joints (shoulder) (elbow) (wrist) (finger/thumb) wo or w/wo contrast- 73221,23 (shoulder arthrogram) w contrast -73222 (wrist arthrogram) w contrast -73222	Neck (soft tissue neck) w - 70491	UPPER EXT	Aorta (see back)
Upper Ext. (humerus) (forearm) (finger) (hand) wo or w/wo contrast - 73218,20	Chest (routine) wo or w contrast- 71250,60 (PE) w contrast- 71260, (high resolution) wo contrast- 71250	Clavicle R L	Single Organ OR Quadrant
Lower Joints (hip) (knee) (ankle) wo or w/wo contrast- 73721, 23 (hip arthrogram) w contrast- 73722	Abd/Pelvis (routine) (stone) wo, w/contrast 74176	AC Joints (Bilateral)	Appendix
Lower Ext. (femur) (tib/fib) (foot/toes) wo or w/wo contrast- 73720,19 R L	Abd only wo, w/contrast or w/wo contrast- 74150,60,70	Scapula R L	Hernia
Pelvis (female) (bone) (other-specify) wo or w/wo contrast- 72195, 97	Pelvis only wo or w/contrast- 72192,93	Shoulder R L	Kidney/Renal w/o or w/dopplers (please circle)
	CT IVP wo/wcontrast- 74178	Humerus R L	Small Parts:
	Spine (cervical) wo or w/contrast-72125,26 (thoracic) wo or w/contrast- 72128,29 (lumbar) wo or w/contrast 72131,32	Elbow R L	Breast R L
	Upper Ext. (shoulder) (humerus) (elbow) (forearm) (wrist) (hand) wo or w/contrast- 73200,01	Forearm R L	Thyroid
	Lower Ext. (hip) (femur) (knee) (tib/fib) (ankle) (foot/toes) wo or w/contrast 73700,01	Wrist R L	Scrotum
	Pain Injections (ESI lumbar)- 62311, (SNR or root block lumbar specify level)- 64483 (Shoulder)-20610,20605 (hip)-20610,20605 (SI Joint specify right, left or bilat) - 27096	Hand R L	<input type="checkbox"/> w/dopplers if medically necessary
		Finger R L	Non-Vasc Ext R L
MRA * / **		LOWER EXT	OB/GYN: (see back)
Head (circle of willis) wo or w/wo contrast - 70544,46		Femur R L	EDD or LMP: _____
Neck (carotids) w/wo contrast- 70549	MODIFER/G-CODES	Knee R L	OB Transvaginal (1-9 wks)
		Tibia/Fibula R L	OB Transabdominal (10-13wks)
		Ankle R L	OB, Complete (20 wks)
		Foot R L	OB Follow-up (same pregnancy, s/p, 20 wks, complete U/S)
		Toe R L	OB Limited (Please choose: cervical length, AFI, or placenta)
		Heel R L	Biophysical profile
		PEDIATRICS	Pelvic (non-OB)
		Upper Ext. (< 12 months) R L	<input type="checkbox"/> w/dopplers if medically necessary
		Lower Ext. (< 12 months) R L	Hysterosonogram (SIS) (w/ Pelvic U/S)
		Foreign Body, 1V nose to rectum	Hysterosonogram (SIS) only
		Pelvis Hips, 2 min (infant or child)	
		Bone Age	
		HEAD	
		Orbits for foreign body	Vascular:
		Nasal bones	Carotid duplex - Bilateral
MAMMOGRAPHY	OTHER / SPECIAL REQUESTS	CHEST	Upper extremity venous duplex - Bilateral
Screening		Chest PA & Lat	Upper extremity venous duplex - Unilateral R L
Implants Y N		Chest PA	Lower extremity venous duplex - Bilateral
Diagnostic		Ribs, (inc PA Chest) R L (bilat)	Lower extremity venous duplex - Unilateral R L
Bilateral		Ribs, bil	
Unilateral Y N		SPINE & PELVIS	
____ Breast U/S (if indicated)		Cervical, 2/3V	
		Thoracic	
BONE DENSITY		Lumbo-sacral	
DEXA For Body Composition		Scoliosis AP Thoracolumbar	Infant Hips (Breech)
		Pelvis	
For all other DEXA, Please see Breast/ Bone Density imaging order form		Hip R L	
		Sacrum/Coccyx	

*Orbits for foreign body is included with this exam, if indicated. **Creatinine lab test will be included with these exams, if indicated.

Prep Instructions:

ULTRASOUND

GALLBLADDER / Abdomen Complete / Aorta / Liver

NPO (no food or drink, including gum or smoking) 8 hours prior to exam.

RENAL / KIDNEY

One hour prior to exam, empty your bladder and then immediately drink 20 ounces of water.

-DO NOT empty your bladder after drinking. Arrive to your appointment with a full bladder.

OB/PELVIC EXAM The following conditions require a full bladder:

- Pregnant state with a gestational age of 22 weeks.
 - Fibroids.
- a. Empty your bladder one hour prior to exam.
 - b. Immediately drink 16 ounces of water in one sitting (do not stretch water consumption throughout the hour).
 - c. Do not empty your bladder (the ultrasonographer will give you time during or following the exam to empty your bladder).

OB EXAMS

In order to have adequate time to view your child during your ultrasound exam, please arrive on time for your appointment. We ask that you check in 15 minutes prior to your exam for registration purposes.

For safety reasons, children accompanying a parent or other adult to an appointment may not be in the room during the medical portion of the exam, or left unattended in the waiting area.

Prep CT/MRI

See website for prep instructions. www.muscatinerradiology.com for Muscatine.
(www.corridorradiology.com)

Muscatine Radiology, PC

2104 Cedarwood Dr.

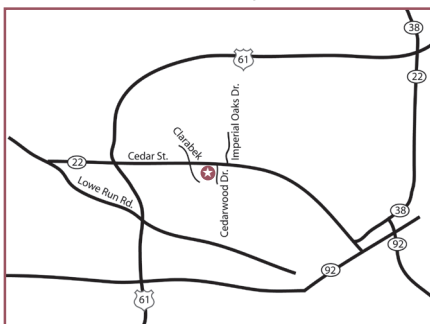
Suite 100

Muscatine, Iowa 52761

563-263-3400

563-263-3311 fax

Hours: M-F 8 am-5 pm



Please bring any previous exams from outside facilities related to your exam.