

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.

Patient Legal Name: Last	First	M.I.
Patient Birthdate:	Appointment Date: -	Time: : a.m. p.m. (circle one)
Physicians signature:	Date:	<input type="checkbox"/> Call report: _____ (pager/phone #) <input type="checkbox"/> Patient may leave after exam <input type="checkbox"/> Patient needs to speak with physician before leaving <input type="checkbox"/> Patient should return to physicians office

HISTORY and SYMPTOMS

Corridor Radiology to Schedule () Y () N Phone #:

Diagnostic study needed: Check specific exam See more options and prep instructions on back of this form.

MRI * / **	CT **	ABDOMEN	ULTRASOUND
Brain (routine) (IAC) (pituitary)	Head (brain) (temporal bone)	Flat & Upright	Abdomen:
(orbits) (mra) (cranial nerves)	(orbits) (maxillo facial) (sinus)	KUB	Abdomen complete (see back)
w/o or w/contrast	w/o or w/contrast		Gallbladder/RUQ (see back)
Neck (cartoid mra) (soft tissue throat) (brachial plexus)	Neck (soft tissue neck) (cta carotids)	UPPER EXT	Aorta (see back)
Spine (cervical) (thoracic) (lumbar)	Chest w/o or w/contrast	Clavicle R L	Single Organ OR Quadrant
w/o or w/contrast	Chest high resolution	AC Joints (Bilateral)	Appendix
Abdomen (liver) (kidneys) (mrpc)	ABD/PEL w/o or w/contrast	Scapula R L	Hernia
(mra) (pelvis)	Abdomen only w/o or w/contrast	Shoulder R L	Kidney/Renal w/o or w/dopplers (please circle)
Arms (shoulder) (shoulder arthrogram) (humerus) (elbow)	Pelvis only w/o or w/contrast	Humerus R L	Small Parts:
(forearm)(wrist)(hand)(finger) R L	CT IVP	Elbow R L	Breast R L
Legs (hips) (hip arthrogram)	Spine (cervical) (thoracic) (lumbar)	Forearm R L	Thyroid
(femur) (knee) (tib/fib) (ankle)	Arms (shoulder)(humerous)(elbow)	Wrist R L	Scrotum <input checked="" type="checkbox"/> w/dopplers if medically necessary
(foot) (toes) R L	(forearm) (wrist) (hand) R L	Hand R L	Non-Vasc Ext R L
	Legs (pelvis) (hips) (femur) (knee)	Finger R L	OB/GYN: (see back)
	(tib/fib) (ankle) (foot) R L	LOWER EXT	EDD or LMP: _____
MRA * / **	CTA head/chest/abd		OB Transvaginal (1-9 wks)
Head (Circle of Willis)	Pain Injections (ESI-lumbar)	Femur R L	OB Transabdominal (10-13 wks)
Neck (Carotids)	(SNR-lumbar)	Knee R L	OB, Complete (20 wks)
Abdomen (no run off)	(Steroid inj-shoulder-hip) R L	Tibia/Fibula R L	OB Follow-up (same pregnancy, s/p, 20 wks, complete U/S)
	Other	Ankle R L	OB Limited (Please choose: cervical length, AFI, or placenta)
CTA	PLAIN FILM X-RAY	Foot R L	Nuchal Translucency
Head/Neck (MRI contraindicated only)	HEAD	Toe R L	Biophysical profile
	Orbits for foreign body	Heel R L	Pelvic (non-OB) <input checked="" type="checkbox"/> w/dopplers if medically necessary
MAMMOGRAPHY	Nasal bones		Hysterosonogram (SIS)
Please use Breast / Bone Density Imaging Order Form	CHEST		(w/ Pelvic U/S)
	Chest PA & Lat	PEDIATRICS	Hysterosonogram (SIS) only
	Chest PA	Upper Ext. (12 mo>younger) R L	Vascular:
	Ribs, (inc PA Chest) R L	Lower Ext. (12 mo>younger) R L	Carotid duplex - Bilateral
	Ribs, bil	Foreign Body, 1V nose to rectum	Upper extremity venous duplex - Bilateral
	SPINE & PELVIS	Pelvis Hips, 2 min (infant or child)	Upper extremity venous duplex - Unilateral R L
	Cervical, 2/3V	Bone Age	Lower extremity venous duplex - Bilateral
BONE DENSITY	Thoracic		Lower extremity venous duplex - Unilateral R L
Please use Breast / Bone Density Imaging Order Form	Lumbo-sacral	OTHER / SPECIAL REQUESTS	
	Scoliosis		
	Pelvis		
	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. Revised 07-14

Prep Instructions:

Abdominal Ultrasound (includes: Gallbladder/RUQ, Abdomen Complete, or Aorta):

NPO after midnight or for 6 to 8 hours prior to the exam

- No food or drink. No smoking. No gum chewing.

Renal/Kidney Ultrasound:

One hour prior to the exam, empty your bladder and then drink 16 ounces of water.

- DO NOT empty your bladder after drinking

OB Ultrasound Exams:

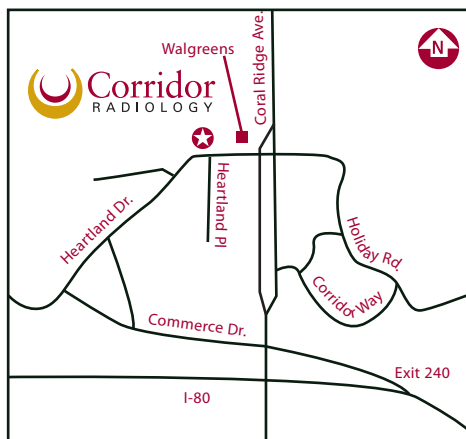
Pregnant state with a gestational age of 10 - 13 weeks.

1. Empty your bladder one hour prior to exam.
2. Immediately drink 16 ounces of water.
3. Do NOT empty your bladder (the ultrasonographer will give you time during your exam to empty your bladder.)

All other OB ultrasound exams - no prep. Full bladder not required.

Corridor Radiology
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319-545-7300
1-800-290-9729
1-800-714-5201 (FAX)
Hours: M-F 8:00 am - 8:30 pm
Sat., Sun., Holidays 8:00 am - 5:00 pm
Closed Christmas



Please bring prior related imaging studies.

