

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.

2769 Heartland Drive, Suite 105
Coralville, Iowa 52241
319-545-7300
1-800-714-5201 (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 #)

Physicians Signature: _____ Date: _____

Print Dr. Name: _____ HISTORY AND SYMPTOMS: _____

Office Fax #: _____

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

Diagnostic study needed: Check specific exam 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:
Head (orbits) (face) wo or w/wo contrast - 70540,43	Face (sinus) (maxillofacial) wo or w contrast- 70486,87	Flat & Upright	Abdomen complete (see back)
Neck (soft tissue throat) (brachial plexus) wo or w/wo contrast- 70540, 43	Skull (temporal bone) (orbits) wo or w contrast- 70480,81	KUB	Gallbladder/RUQ (see back)
Spine (cervical) wo or w/wo contrast - 72141,56	Neck (soft tissue neck) wo , w or w/wo contrast -70490,91,92	UPPER EXT	Aorta (see back)
(thoracic) wo or w/wo contrast -72146, 57	Chest (routine) wo or w contrast- 71250,60	Clavicle R L	Single Organ OR Quadrant
(lumbar) wo or w.wo contrast- 72148, 58	(PE) w contrast- 71260,	AC Joints (Bilateral)	Appendix
Upper Joints (shoulder) (elbow) (wrist) (finger/thumb) wo or w/wo contrast- 73221,23 R L	(high resolution) wo contrast- 71250	Scapula R L	Hernia
(shoulder arthrogram) w contrast -73222 R L	Abd/Pelvis (routine) (stone) wo, w/contrast or w/wo contrast- 74176,77,78	Shoulder R L	Kidney/Renal
Arms (humerus) (forearm) (hand) wo or w/wo contrast – 73218,20 R L	Pelvis only wo or w/contrast- 72192,93	Humerus R L	w/o or w/dopplers (please circle)
Lower Joints (hip) (knee) (ankle) wo or w/wo contrast- 73721, 23 R L	CT IVP wo/wcontrast- 74178	Forearm R L	Small Parts:
(hip arthrogram) w contrast- 73722 R L	Spine (cervical) wo or w/contrast-72125,26	Wrist R L	Breast R L
Legs (femur) (tib/fib) (foot/toes) wo or w/wo contrast- 73720,19 R L	(thoracic) wo or w/contrast- 72128,29	Hand R L	Thyroid
Abdomen (liver) (kidney) (adrenal) (pancreas) (other-specify) wo or w/wo contrast- 74181,83	(lumbar) wo or w/contrast 72131,32	Finger R L	Scrotum
(mrcp) wo only- 72195	Arms (shoulder) (humerus) (elbow) (forearm) (wrist) (hand) wo or w/contrast- 73200,01 R L	Lower Ext	<input type="checkbox"/> w/dopplers if medically necessary
Pelvis (female) (bone) (rectum) (other-specify) wo or w/wo contrast- 72195, 97	Legs (hip) (femur) (knee) (tib/fib) (ankle) (foot/toes) wo or w/contrast 73700,01 R L	Femur R L	Non-Vasc Ext R L
	CTA (head)- 70496,(neck/carotids)- 70498, (abd only)- 74175, (pelvis only) – 72191, (abd/pelvis)- 74174,(chest)- 71275	Knee R L	OB/GYN: (see back)
	Pain Injections (ESI lumbar)- 62323, (SNR or root block lumbar specify level)- 64483 R L	Tibia/Fibula R L	EDD or LMP: _____
	Steroid/pain injections (shoulder) -20610,20605 R L	Ankle R L	OB Transvaginal (1-9 wks)
	(hip) -20610,20605 R L	Foot R L	OB Transabdominal (10-13wks)
	(SI Joint specify right, left or bilat) – 27096 R L	Toe R L	OB, Complete (20 wks)
	Other	Heel R L	OB Follow-up (same pregnancy, s/p, 20 wks, complete U/S)
			OB Limited (Please choose: cervical length, AFI, or placenta)
MRA * / **		PEDIATRICS	
Head (circle of willis) wo or w/wo contrast – 70544,46		Upper Ext. (< 12 months) R L	Nuchal Translucency
Neck (carotids) w/wo contrast- 70549		Lower Ext. (< 12 months) R L	Biophysical profile
Abdomen-no runoff (renals) (abdominal aorta) wo/w contrast- 74185		Foreign Body, 1V nose to rectum	Pelvic (non-OB)
		Pelvis Hips, 2 min (infant or child)	<input type="checkbox"/> w/dopplers if medically necessary
		Bone Age	Hysterosonogram (SIS) (w/ Pelvic U/S)
			Hysterosonogram (SIS) only
		HEAD	
		Orbits for foreign body	
		Nasal bones	Vascular:
			Carotid duplex - Bilateral
		CHEST	Upper extremity venous duplex - Bilateral
		Chest PA & Lat	Upper extremity venous duplex - Unilateral R L
		Chest PA	Lower extremity venous duplex - Bilateral
		Ribs, (inc PA Chest) R L	Lower extremity venous duplex - Unilateral R L
		Ribs, bil	
		SPINE & PELVIS	
MAMMOGRAPHY		Cervical, 2/3V	
Please use Breast / Bone Density Imaging Order Form		Thoracic	
		Lumbo-sacral	
		Scoliosis	
		Pelvis	
		Hip R L	Infant Hips (Breech)
		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:

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 immediately drink 20 ounces of water.
- DO NOT empty your bladder after drinking. Arrive to your appointment with a full bladder.

OB Ultrasound Exams:

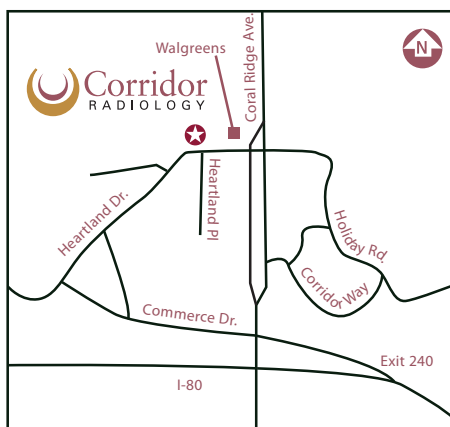
Pregnant state with a gestational age of 10 - 13 weeks.

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
1-800-714-5201 (FAX)
Hours: M-F 7:30 am - 8:00 pm
Sat., Sun., Holidays 9:00 am - 4:30 pm
Closed Christmas



Please bring prior related imaging studies.

