

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 • 1-800-290-9729
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: _____

HISTORY and SYMPTOMS:

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 **	ABDOMEN		ULTRASOUND	
Brain (routine) (IAC) (cranial nerves) (pituitary) wo or w/wo contrast - 70551,53	Head (brain) wo or w/wo contrast- 70450,70	Flat & Upright		Abdomen:	
Head (orbits) (face) wo or w/wo contrast - 70540,,43	Face (sinus) (maxillofacial) wo or w contrast- 70486,87	KUB		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	UPPER EXT		Gallbladder/RUG (see back)	
Spine (cervical) wo or w/wo contrast - 72141,56	Neck (soft tissue neck) wo , w or w/wo contrast -70490,91,92	Clavicle	R L	Aorta (see back)	
(thoracic) wo or w/wo contrast -72146, 57	Chest (routine) wo or w contrast- 71250,60	AC Joints (Bilateral)		Single Organ OR Quadrant	
(lumbar) wo or w.wo contrast- 72148, 58	(PE) w contrast- 71260,	Scapula	R L	Appendix	
Upper Joints (shoulder) (elbow) (wrist) (finger/thumb) wo or w/wo contrast- 73221,23	(high resolution) wo contrast- 71250	Shoulder	R L	Hernia	
Arms (humerus) (forearm) (hand) wo or w/wo contrast – 73218,20	Abd/Pelvis (routine) (stone) wo, w/contrast or w/wo contrast- 74176,77,78	Humerus	R L	Kidney/Renal w/o or w/dopplers (please circle)	
Lower Joints (hip) (knee) (ankle) wo or w/wo contrast- 73721, 23	Pelvis only wo or w/contrast- 72192,93	Elbow	R L	Small Parts:	
(hip arthrogram) w contrast- 73722	CT IVP wo/wcontrast- 74178	Forearm	R L	Breast	R L
Legs (femur) (tib/fib) (foot/toes) wo or w/wo contrast- 73720,19	Spine (cervical) wo or w/contrast-72125,26	Wrist	R L	Thyroid	
Abdomen (liver)kidney) (adrenal) (pancreas) (other-specify) wo or w/wo contrast- 74181,83	(thoracic) wo or w/contrast- 72128,29	Hand	R L	Scrotum w/dopplers if medically necessary	
(mrcp) wo only- 72195	(lumbar) wo or w/contrast 72131,32	Finger	R L	Non-Vasc Ext	R L
Pelvis (female) (bone) rectum) (other-specify) wo or w/wo contrast- 72195, 97	Arms (shoulder) (humerus) (elbow) (forearm) (wrist) (hand) wo or w/contrast- 73200,01	LOWER EXT		OB/GYN: (see back)	
	Legs (hip) (femur) (knee) (tib/fib) (ankle) (foot/toes) wo or w/contrast 73700,01	Femur	R L	EDD or LMP: _____	
	CTA (head)- 70496,(neck/carotids)- 70498, (abd only)- 74175, (pelvis only) – 72191, (abd/pelvis)- 74174,(chest)- 71275	Knee	R L	OB Transvaginal (1-9 wks)	
	Pain Injections (ESI lumbar)- 62311, (SNR or root block lumbar specify level)- 64483	Tibia/Fibula	R L	OB Transabdominal (10-13wks)	
	Steroid/pain injections (shoulder) -20610,20605 (hip) -20610,20605	Ankle	R L	OB, Complete (20 wks)	
	Other (SI Joint specify right, left or bilat) – 27096	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	OB Follow-up (same pregnancy, s/p, 20 wks, complete U/S)	
		PEDIATRICS		OB Limited (Please choose: cervical length, AFI, or placenta)	
		Upper Ext. (12 monounger)	R L	Nuchal Translucency	
		Lower Ext. (12 mo>younger)	R L	Biophysical profile	
		Foreign Body, 1V nose to rectum		Pelvic (non-OB) w/dopplers if medically necessary	
		Pelvis Hips, 2 min (infant or child)		Hysterosonogram (SIS) only (w/ Pelvic U/S)	
		Bone Age		Hysterosonogram (SIS) only	
		PLAIN FILM X-RAY		Hysterosonogram (SIS) only	
		HEAD		Vascular:	
		Orbits for foreign body		Carotid duplex - Bilateral	
		Nasal bones		Upper extremity venous duplex - Bilateral	
		CHEST		Upper extremity venous duplex - Unilateral R L	
		Chest PA & Lat		Lower extremity venous duplex - Bilateral	
		Chest PA		Lower extremity venous duplex - Unilateral R L	
		Ribs, (inc PA Chest) R L		Lower extremity venous duplex - Bilateral	
		Ribs, bil		Lower extremity venous duplex - Unilateral R L	
		SPINE & PELVIS			
		Cervical, 2/3V			
		Thoracic			
		Lumbo-sacral			
		Scoliosis			
		Pelvis			
		Hip R L			
		Sacrum/Coccyx			
		OTHER / SPECIAL REQUESTS			
MAMMOGRAPHY					
Please use Breast / Bone Density Imaging Order Form					
BONE DENSITY					
Please use Breast / Bone Density Imaging Order Form					

*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 drink 16 ounces of water.

- DO NOT empty your bladder after drinking

OB Ultrasound Exams:

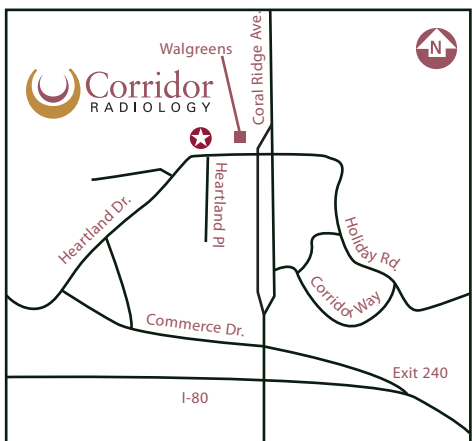
Pregnant state with a gestational age of 10 - 13 weeks.

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.

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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.

