

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 #) Radiologist may edit order

Physicians Signature: _____ Date: _____

Print Dr. Name: _____ HISTORY AND SYMPTOMS: _____

Office Fax #: _____

Corridor 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)	Head (brain) wo or w/wo contrast- 70450,70	ABDOMEN	Abdomen:
(pituitary) wo or w/wo contrast - 70551,53	Face (sinus)	Flat & Upright	Abdomen complete (see back)
Head (orbits) (face)	(maxillofacial) wo or w contrast- 70486,87	KUB	Gallbladder/RUQ (see back)
wo or w/wo contrast - 70540,43	Skull (temporal bone)		Aorta (see back)
Neck (soft tissue throat) (brachial plexus)	(orbits) wo or w contrast- 70480,81	UPPER EXT	Single Organ OR Quadrant
wo or w/wo contrast- 70540, 43	Neck (soft tissue neck) wo , w - 70490, 70491	Clavicle R L	Appendix
Spine (cervical) wo or w/wo contrast - 72141,56	Chest (routine) wo or w contrast- 71250,60	AC Joints (Bilateral)	Hernia
(thoracic) wo or w/wo contrast -72146, 57	(PE) w contrast- 71260,	Scapula R L	Kidney/Renal
(lumbar) wo or w.wo contrast- 72148, 58	(high resolution) wo contrast- 71250	Shoulder R L	w/o or w/dopplers (please circle)
Upper Joints (shoulder) (elbow) (wrist)	Abd/Pelvis (routine) (stone) w/o, w/contrast	Humerus R L	
(finger/thumb)	- 74176, 74177	Elbow R L	Small Parts:
wo or w/wo contrast- 73221,23 R L	Abd only wo, w/contrast or	Forearm R L	Breast R L
(shoulder arthrogram) w contrast -73222 R L	w/wo contrast- 74150,60,70	Wrist R L	Thyroid
Arms (humerus) (forearm)	Pelvis only wo or w/contrast- 72192,93	Hand R L	Scrotum
(hand) wo or w/wo contrast – 73218,20 R L	CT IVP wo/wcontrast- 74178	Finger R L	<input type="checkbox"/> w/dopplers if medically necessary
Lower Joints (hip) (knee)	Spine (cervical) wo or w/contrast-72125,26		Non-Vasc Ext R L
(ankle) wo or w/wo contrast- 73721, 23 R L	(thoracic) wo or w/contrast- 72128,29	LOWER EXT	OB/GYN: (see back)
(hip arthrogram) w contrast- 73722 R L	(lumbar) wo or w/contrast 72131,32	Femur R L	
Legs (femur) (tib/fib)	Arms (shoulder) (humerus) (elbow) (forearm)	Knee R L	EDD or LMP: _____
(foot/toes) wo or w/wo contrast- 73720,19 R L	(wrist) (hand) wo or w/contrast- 73200,01 R L	Tibia/Fibula R L	OB Transvaginal (1-9 wks)
Abdomen (liver/kidney) (adrenal) (pancreas)	Legs (hip) (femur) (knee) (tib/fib) (ankle)	Ankle R L	OB Transabdominal (10-13wks)
(other-specify) wo or w/wo contrast- 74181,83	(foot/toes) wo or w/contrast 73700,01 R L	Foot R L	OB, Complete (20 wks)
(mrcp) wo only- 72195	CTA (head)- 70496,(neck/carotids)- 70498,	Toe R L	OB Follow-up (same pregnancy,
Pelvis (female) (bone)(rectum)	(abd only)- 74175, (pelvis only) – 72191,	Heel R L	s/p, 20 wks, complete U/S)
(other-specify) wo or w/wo contrast- 72195, 97	(abd/pelvis)- 74174,(chest)- 71275	Hip R L	OB Limited (Please choose:
	Pain Injections (ESI lumbar)- 62323,	PEDIATRICS	cervical length, AFI, or placenta)
MRA * / **	(SNR or root block lumbar specify level)- 64483 R L	Upper Ext. (< 12 months) R L	Nuchal Translucency
Head	Steroid/pain injections (shoulder) -20610,20605	Lower Ext. (< 12 months) R L	Biophysical profile
(circle of willis) wo or w/wo contrast – 70544,46	(hip) -20610,20605 R L	Foreign Body, 1V nose to rectum	Pelvic (non-OB)
Neck (carotids) w/wo contrast- 70549	(SI Joint specify right, left or bilat) – 27096 R L	Pelvis Hips, 2 min (infant or child)	<input type="checkbox"/> w/dopplers if medically necessary
Abdomen-no runoff (renals)	Other	Bone Age	Hysterosonogram (SIS)
(abdominal aorta) wo/w contrast- 74185			(w/ Pelvic U/S)
		HEAD	Hysterosonogram (SIS) only
		Orbits for foreign body	
		Nasal bones	Vascular:
		CHEST	Carotid duplex - Bilateral 93880
	OTHER / SPECIAL REQUESTS	Chest PA & Lat	Upper extremity venous
MAMMOGRAPHY		Chest PA	duplex - Bilateral 93970
Please use Breast / Bone		Ribs, (inc PA Chest) R L	Upper extremity venous
Density Imaging Order Form		Ribs, bil	duplex - Unilateral R L 93971
		SPINE & PELVIS	Lower extremity venous
BONE DENSITY		Cervical, 2/3V	duplex - Bilateral 93970
DEXA FOR BODY COMPOSITION		Thoracic	Lower extremity venous
		Lumbo-sacral	duplex - Unilateral R L 93971
For all other DEXA, Please see Breast / Bone		Scoliosis	
Density Imaging order form		Pelvis	Infant Hips (Breech) 76885
		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:

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.

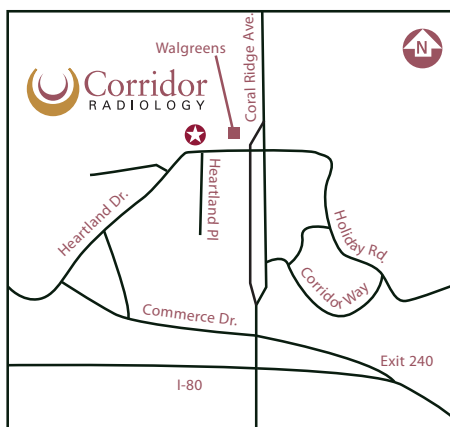
1. Empty your bladder one hour prior to exam.
2. Immediately drink 16 ounces of water.
3. Do NOT empty your bladder (the ultrasonographer will give you time during your exam to empty your bladder.)

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

Corridor Radiology
2769 Heartland Drive, Suite 105
Coralville, Iowa 52241

319-545-7300
1-800-714-5201 (FAX)

Hours: Monday - Friday 7:30am-6:00pm
Closed weekends and holidays.



Please bring prior related imaging studies.

