

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

☐ 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) (Trigeminal) (pituitary) wo or w/wo contrast - 70551,53 | Head (brain) wo or w/wo contrast- 70450,70 | ABDOMEN | Abdomen: |
| Orbit / Face / Neck | Face (sinus) (maxillofacial) wo or w contrast- 70486,87 | Flat & Upright | Abdomen complete (see back) |
| a. (orbits), (soft tissue throat) w/wo contrast- 70540 | Skull (temporal bone) (orbits) wo or w contrast- 70480,81 | KUB | Gallbladder/RUQ (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 | Neck (soft tissue neck) w - 70491 | UPPER EXT | Aorta (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 | Chest (routine) wo or w contrast- 71250,60 (PE) w contrast- 71260, (high resolution) wo contrast- 71250 | Clavicle R L | Single Organ OR Quadrant |
| Upper Ext. (humerus) (forearm) (finger) (hand) wo or w/wo contrast - 73218,20 | Abd/Pelvis (routine) (stone) wo, w/contrast 74176 | AC Joints (Bilateral) | Appendix |
| Lower Joints (hip) (knee) (ankle) wo or w/wo contrast- 73721, 23 (hip arthrogram) w contrast- 73722 | Abd only wo, w/contrast or w/wo contrast- 74150,60,70 | Scapula R L | Hernia |
| Lower Ext. (femur) (tib/fib) (foot/toes) wo or w/wo contrast- 73720,19 | Pelvis only wo or w/contrast- 72192,93 | Shoulder R L | Kidney/Renal w/o or w/dopplers (please circle) |
| Pelvis (female) (bone) (sacrum) (other-specify) wo or w/wo contrast- 72195, 97 | 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 |
| | Low Dose Lung Screening - 71271 | Finger R L | Non-Vasc Ext R L |
| | | LOWER EXT | OB/GYN: (see back) |
| | | Femur R L | |
| | | Knee R L | EDD or LMP: |
| | | Tibia/Fibula R L | OB Transvaginal (1-9 wks) |
| | | Ankle R L | OB Transabdominal (10-13wks) |
| | | Foot R L | OB, Complete (20 wks) |
| | | Toe R L | OB Follow-up (same pregnancy, s/p, 20 wks, complete U/S) |
| | | Heel R L | OB Limited (Please choose: cervical length, AFI, or placenta) |
| | | PEDIATRICS | Biophysical profile |
| | | Upper Ext. (< 12 months) R L | Pelvic (non-OB) |
| | | Lower Ext. (< 12 months) R L | <input type="checkbox"/> w/dopplers if medically necessary |
| | | Foreign Body, 1V nose to rectum | Hysterosonogram (SIS) (w/ Pelvic U/S) |
| | | Pelvis Hips, 2 min (infant or child) | Hysterosonogram (SIS) only |
| | | Bone Age | |
| | | HEAD | |
| | | Orbits for foreign body | Vascular: |
| | | Nasal bones | 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 (bilat) | Lower extremity venous duplex - Unilateral R L |
| | | Ribs, bil | |
| | | SPINE & PELVIS | |
| | | Cervical, 2/3V | |
| | | Thoracic | |
| | | Lumbo-sacral | |
| | | Scoliosis AP Thoracolumbar | |
| | | Pelvis | |
| | | Hip R L | |
| | | Sacrum/Coccyx | |
| MAMMOGRAPHY | | | |
| Screening | | | |
| Implants R L | | | |
| Diagnostic | | | |
| Bilateral | | | |
| Unilateral R L | | | |
| Breast U/S (if indicated) | | | |
| BONE DENSITY | | | |
| DEXA For Body Composition | | | |
| For all other DEXA, Please see 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.

Reprinted 2-25 from 2-25 revision

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.

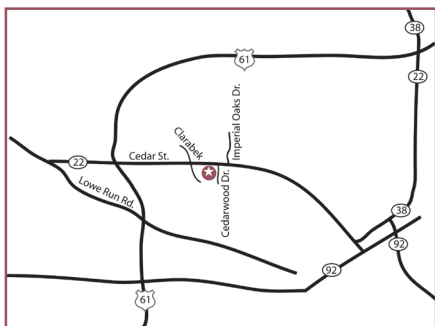
Suite 100

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.