



IMAGING ORDER FORM STAT

Date: _____
Patient Name: _____
Date of Birth: _____
Home Phone: _____
Cell: _____

Physician Name: _____
Physician Phone: _____
Physician Fax: _____
Physician Signature: _____
Diagnosis: _____
ICD-10 Diagnosis Code: _____

CT Procedures

- Head
Sinuses
Chest
Abdomen
Pelvis
Cervical Spine
Thoracic Spine
Lumbar Spine
Upper Extremity
Lower Extremity
3D Reconstruction
Other:

CT Angiography

- CTA Head
CTA Chest
CTA Neck
CTA Abdomen
CTA Renal
Other:

Contrast

- With IV Contrast Protocol Without Contrast
With ORAL Contrast
With IV Contrast Protocol and Oral Contrast

Select One

- Right
Left

MRI Procedures

- Brain
Cervical Spine
Thoracic Spine
Lumbar Spine
Shoulder
Elbow

- Wrist
Hip
Knee
Ankle
Foot
Other:

Select One

- Right
Left

MR Angiography

- MRA Brain
MRA Neck
MRA Abdomen
MRA Other:

Contrast

- Without Contrast
With & Without Contrast GFR/Reflex BUN/Creat
With Contrast w/ GFR Reflex BUN/Creat

Note: For MRIs, please follow Pre-MRI X-Ray Protocol for possible foreign metallic object.

CT Contrast Instructions

IV Start and BUN/Creatinine

Reflex Criteria:

BUN < 5.01 or > 25 mg/dl
Creat < 0.6 or > 1.5 mg/dl
BUN & Creatinine: (30 Days or less)

CT Without Contrast: No prep required

CT With IV Contrast: Nothing to eat/drink 6-8 hours prior to exam

CT With IV and Oral Contrast: Nothing to eat/drink 6-8 hours prior to exam

Oral Contrast: Please contact CT Technologist for Special Instructions 912.557.1269

Ultrasound Procedures

- Abdomen
Pelvis
Carotid
Venous
Arterial
Renal
Renal Doppler
Other:

X-Ray

- Chest
KUB
Cervical
Lumbar
Hand
Femur
Elbow
Hip
Tib/Fib
Knee
Wrist
Humerus
Ribs
Ankle
Forearm
Shoulder
Foot
Thoracic
Pelvis
Other:
ADB Series
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left

Interventional Procedures

- Arthrogram
Myelogram
Joint Injection
Other:

GI Studies

- Renal Disease
Upper GI
Small Bowel Follow Through
Barium Swallow
Barium Enema
Barium Enema w/ Air

ICD-10 Code-Z01-812

GFR/Reflex BUN/Creat Criteria: Renal Disease, History of Diabetes, Severe Liver Disease, History of Hypertension, > Age 60

CONTACT:

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