



# RADIOLOGY ASSOCIATES IMAGING

- St Augustine   
  Palm Coast   
  Town Center   
  Twin Lakes   
  Port Orange   
  Deltona (Exams Offered in Bold)

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Patient Phone # \_\_\_\_\_

Referring Physician \_\_\_\_\_ Physician Signature \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Order Date \_\_\_\_\_

REASON FOR EXAM \_\_\_\_\_ Appt. Date/Time \_\_\_\_\_

## MR

- MR Angiography of (specify)
  - Carotid
  - Circle of Willis
  - Aorta
  - Renal
  - Run-off
  - Other \_\_\_\_\_
- MR Brain
- MR Cervical Spine
- MR Thoracic Spine
- MR Lumbar Spine
- MR TMJ
- MR Abdomen  
Specify \_\_\_\_\_
- MR Chest
- MRCP
- MR Pelvis  
Specify \_\_\_\_\_
- MR Prostate
- MR Cardiac
- MR Breast                       R     L
- MR Shoulder                     R     L
- MR Elbow                         R     L
- MR Wrist                          R     L
- MR Hand                          R     L
- MR Knee                          R     L
- MR Hip                           R     L
- MR Foot                          R     L
- MR Ankle                         R     L
- MR Arthrogram \_\_\_\_\_ (specify)
- MR Other \_\_\_\_\_

## CT

- CT Chest/Thorax
- CT Pelvis
- CT Abdomen  
Specify \_\_\_\_\_
- CT Abdomen & Pelvis
- CT Urogram w/ 3D
- CT Colonography w/ 3D
- CT Enterography
- CT Brain
- CT Sinuses
- CT Angiography of (specify)
  - Carotid
  - Circle of Willis
  - Chest
  - Coronary
  - Abdominal Aorta
  - Renal
  - Run-off
  - Other \_\_\_\_\_
- CT Soft Tissue Neck
- CT Cervical Spine     w/ 3D
- CT Thoracic Spine     w/ 3D
- CT Lumbar Spine     w/ 3D
- CT Shoulder             w/ 3D     R     L
- CT Elbow                 w/ 3D     R     L
- CT Wrist                 w/ 3D     R     L
- CT Hand                 w/ 3D     R     L
- CT Knee                 w/ 3D     R     L
- CT Hip                   w/ 3D     R     L
- CT Foot                 w/ 3D     R     L
- CT Ankle                 w/ 3D     R     L
- CT Arthrogram \_\_\_\_\_ (specify)
- CT Other \_\_\_\_\_

## PET/CT

- PET Scan Tumor (FDG)  
Specify Tumor Type \_\_\_\_\_
- PET Scan Myocardial Viability (FDG)
- PET Scan Brain (FDG)
- PET Bone Scan (NaF)

## NUCLEAR MEDICINE

- Whole Body Bone Scan
- Whole Body Bone Scan with SPECT  
Specify Body Part for SPECT \_\_\_\_\_
- Three Phase Bone Scan  
Specify Body Part \_\_\_\_\_
- WBC Scan
- Myocardial Perfusion/Stress (Lexiscan)
- Gated Blood Pool (MUGA)
- Hepatobiliary (HIDA)
- Parathyroid Localization Scan
- MIBG Scan
- Liver Spleen SPECT Scan (Colloid)
- Liver SPECT (Hemangioma)
- Lung Scan (Ventilation/Perfusion)
- Lung Scan (Differential Function)
- Triple Renal Scan Enalapril (Hypertension)
- Renal Scan MAG3 (Function or Obstruction)
- Renal Cortical Scan (DMSA)
- Gastric Emptying Scan
  - 2 HR (Reglan/Erythromycin)
  - 2 HR No Medication
  - 4 HR No Medication
- Thyroid I -123 Uptake and Scan
- Thyroid Treatment (Hyperthyroidism)
- Thyroid Treatment (Thyroid Cancer)
- Octreotide
- Gallium
- NM Other \_\_\_\_\_

## X-RAY

- Chest PA/LAT
- Abdomen/KUB
- Skull
- Nasal Bones
- Sinuses
- Rib Series                      (R)    (L)    (B)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis
- Sacrum/Coccyx
- Clavicle                        (R)    (L)
- Shoulder                        (R)    (L)
- Humerus                        (R)    (L)
- Elbow                          (R)    (L)
- Forearm                        (R)    (L)
- Wrist                          (R)    (L)
- Hand                          (R)    (L)
- Fingers \_\_\_\_\_        (R)    (L)
- Hip                            (R)    (L)
- Femur                         (R)    (L)
- Tibia/Fibula                    (R)    (L)
- Knee                          (R)    (L)
- Ankle                         (R)    (L)
- Foot                          (R)    (L)
- Heel                          (R)    (L)
- Toes \_\_\_\_\_        (R)    (L)
- Other \_\_\_\_\_

## MAMMOGRAPHY/BONE DENSITY

- Screening Mammogram
- Diagnostic Mammogram (B) (R) (L)  
- US if indicated
- 3D Mammography
- Bone Density (DEXA)
- Unilateral Screening Mammogram  
post mastectomy        (R)    (L)

## ULTRASOUND

- Abdomen \_\_\_\_\_ (specify)
- ABI (Ankle Brachial Index)
- Aorta
- Arterial Duplex (For bypass graft surveillance ONLY)
- Breast
- Carotid Doppler
- Echocardiography, 2D transthoracic with  
spectral and color flow Doppler
- Gallbladder
- Pelvic
- Transvaginal
- Renal
- Testicular
- Venous Doppler, Extremity
- Segmental Doppler, lower extremity
- Thyroid
- US Other \_\_\_\_\_

## FLUOROSCOPY

- Urogram IVP
- Esophagram/Swallowing Function
- Upper GI
- Small Bowel Only
- Barium Enema
- Barium Enema with Air

## SPECIAL PROCEDURES

- Arthrogram \_\_\_\_\_
- Venogram \_\_\_\_\_
- Port Patency Study \_\_\_\_\_
- Other \_\_\_\_\_