

IMAGING ORDER FORM

Patient Name: _____ Phone: _____ DOB: _____

Diagnosis Code(s): _____ Insurance Pre-Authorization #: _____

Symptoms: _____

Locations: 4724 North Davis Hwy, 1st Floor, Pensacola, FL 32503 or 161 E. Nine Mile Rd, 1st Floor, Pensacola, FL 32534

DEXAS

- Bone Density (Date of Last _____)
- Body Composition Scan

ULTRASOUNDS

- AAA Screening
- Abdomen – Limited (RUQ Only)
- Abdomen – Complete
- Aorta – non screening
- Echocardiogram
- Pelvis Pelvis/Transvaginal
- Renal
- Scrotum
- Thyroid
- Lower Extremity Venous Doppler
 - Right Left Bilateral
- Upper Extremity Venous Doppler
 - Right Left Bilateral
- _____
- _____

BREAST HEALTH SERVICES

- TOMO Screening Mammogram (*No symptoms/concerns, No history of breast cancer*)
- TOMO Diagnostic Mammogram (w/ Breast Ultrasound if needed)
 - Right Left Bilateral
- MRI Breast w/ & w/o contrast, Bilateral Only (*mammo w/i 6 mos required*)
- Ultrasound Breast (*mammo w/i 6 mos required*)
 - Right Left Bilateral
- Ultrasound Guided Breast Biopsy
 - Right Left Bilateral
- MRI Guided Breast Biopsy
 - Right Left Bilateral
- Stereotactic Guided Breast Biopsy
 - Right Left Bilateral

PET/CT SCANS

- Skull Base to Mid-Thigh
- Whole Body (Only Dx of Melanoma, Merkel Cell, Sarcoma, or Multiple Myeloma)
- Dotatate (Cu-64)
- Posluma (PSMA)
- Pylarify (PSMA)

CT SCANS

- **Requires Oral Contrast in ADVANCE****
- Perform BUN & Creatinine
- BUN/Creatinine (*results attached, must be within last 45 days*)
- Abdomen – w/o contrast
- Abdomen – w/ IV contrast**
- Abdomen – w/ & w/o IV contrast**
- Abdomen/Pelvis – w/ IV contrast**
- Abdomen/Pelvis – w/ & w/o IV contrast**
- Brain – w/o contrast
- Brain – w/ & w/o IV contrast
- Calcium Scoring (9 Mile only)
- Chest – w/o contrast
- Chest – w/ & w/o IV contrast
- Chest/Abdomen/Pelvis – w/ & w/o IV contrast**
- Renal Stone Study – w/o contrast
- Sinus/Maxillofacial
- Soft Tissue Neck – w/ & w/o contrast
- CTA Abdomen – w/ & w/o IV contrast
- CTA Aorta – w/ & w/o IV contrast
- CTA Chest (for Pulmonary Embolus) w/ & w/o IV contrast
- CTA Pelvis – w/ & w/o IV contrast
- CT _____
- CTA _____

NUCLEAR MEDICINE SCANS

- Bone Scan – Limited
- Bone Scan – Whole Body
- Bone Scan – 3 Phase
- Gastric Emptying
- HIDA w/ Ejection Fraction
- MUGA
- Parathyroid Scan
- Renal Scan w/o Lasix
- Renal Scan w/ and w/o Lasix
- _____

XRAYS

- Abdomen (KUB)
- Chest PA and Lateral
- Hip, Right Left Bilateral
- Lower Ext, _____, Views: _____
 - Right Left Bilateral
- Upper Ext, _____, Views: _____
 - Right Left Bilateral
- Spine, _____, Views: _____
- _____

MRI SCANS

- Perform BUN & Creatinine
- BUN/Creatinine (*results attached, must be within last 45 days*)
- Abdomen – w/o contrast
- Abdomen – w/ & w/o contrast
- Brain – w/o contrast
- Brain – w/ & w/o contrast
- Brain Perfusion
- Chest – w/o contrast
- Chest – w/ & w/o contrast
- Pelvis w/o contrast
- Pelvis w/ & w/o contrast
- Prostate (Multi-parametric)
- C-Spine – w/o contrast
- C-Spine – w/ & w/o contrast
- L-Spine – w/o contrast
- L-Spine – w/ & w/o contrast
- T-Spine – w/o contrast
- T-Spine – w/ & w/o contrast
- Lower Extremity, Joint, _____
 - w/o w/ & w/o Right Left
- Lower Extremity, Non-Joint, _____
 - w/o w/ & w/o Right Left
- Upper Extremity, Joint, _____
 - w/o w/ & w/o Right Left
- Upper Extremity, Non-Joint, _____
 - w/o w/ & w/o Right Left
- MRA Carotids
- MRA Head
- MRA Kidneys
- MRA Neck
- MRA _____
- MRI _____
- MRI _____

Please fax completed form to 850-607-7553, then call 850-696-4200 to schedule.

Clinical notes, recent lab results, and prior imaging results are required prior to scheduling of CT, MRI, PET/CT, or Nuc Med scans.

Ordering Provider Name: _____ Office Phone #: _____

Date: _____ Ordering Provider Signature: _____