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Speak to a Radiologist, please call (401) 732-5516

Appointment Date \_\_\_\_\_  
Time \_\_\_\_\_ AM/PM

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Clinical Information \_\_\_\_\_

Requested By Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**REPORT INFORMATION:**  
 IMAGES ON CD  FILMS  
 HAVE PATIENT BRING CD OR FILMS  
 DELIVER TO: \_\_\_\_\_  
 COPY OF REPORT TO: \_\_\_\_\_

**WOMEN'S IMAGING**

- Digital mammography (US as needed)  
 bilat  unilat (R L)
- Ultrasound breast  
 bilat  unilat (R L)
- DEXA (Bone densitometry)
  
- Transvaginal ultrasound (with Doppler)
- Pelvic ultrasound (with Doppler)
- OB ultrasound  
 1<sup>st</sup> Trimester  
 2<sup>nd</sup> Trimester (anatomy)  
 3<sup>rd</sup> Trimester/ BPP

**CT SCAN / CTA**

- without contrast
- with & without contrast  
\*BUN \_\_\_\_\_ Creatinine \_\_\_\_\_  
Date of Blood Test \_\_\_\_\_  
Previous Contrast Reaction  Yes  No  
If yes, please call our office.

- Brain
- Sinus
- Orbits
- Temporal bones/Mastoids
- Mandible
- Maxillofacial
- Facial Bones
- TMJ
- Neck, soft tissue
- Chest, high resolution
- Chest  Abdomen  Pelvis
- Abdomen/Pelvis (for Stones)
- CT Enterography (Abd/Pel)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum/Coccyx
- Extremity/Joint \_\_\_\_\_

- CT Angiogram \_\_\_\_\_
- Dentascan (maxilla, mandible, both)

**MRI/MRA (high field)**

- without contrast
- with & without contrast

- NEURO**
- Brain
  - MRA Brain (circle of Wills, venous)
  - MR Angiogram Neck
  - IAC/CP Angle
  - Pituitary
  - Cervical Spine
  - Thoracic Spine
  - Lumbar Spine
  - Sacrum/Coccyx
  - Cord Survey (R/O MS)
  - Total Spine-Metastatic Survey
  - Neck Soft Tissues
  - Brachial Plexus
  - TMJ
  - Orbits

- MUSCULOSKELETAL**
- MR Arthrogram (joint) \_\_\_\_\_
  - Shoulder  Left  Right
  - Elbow  Left  Right
  - Wrist  Left  Right
  - Hand  Left  Right
  - Foot  Left  Right
  - Hip  Left  Right
  - Knee  Left  Right
  - Ankle  Left  Right
  - Extremity \_\_\_\_\_

- ANGIOGRAPHY**
- Chest (thoracic)
  - Abdomen (renal, aortic)
  - Pelvis
  - Runoff (A/P/lower extremities)
  - Upper extremity \_\_\_\_\_

- BODY**
- Chest
  - Abdomen
  - Liver (dynamic)
  - MRCP
  - Urogram (renal/bladder)
  - Pelvis  Male  Female
  - MR Enterography (Abd/Pel)

**ULTRASOUND**

- Abdomen
- Renal  Bladder  Doppler
- Gallbladder/ Right upper quadrant
- Aorta
- Pelvis
- Thyroid
- Testicular/Scrotal
- Soft tissue (site) \_\_\_\_\_
- Carotid doppler
- DVT  Left  Right  Bilateral
- Lower extremity arterial
- Other \_\_\_\_\_

**DIGITAL X-RAY**

- Chest  Rib series \_\_\_\_\_
- Abdomen  KUB
- Bone age
- Pelvis  Hip  Left  Right
- Hip  Left  Right
- Shoulder  Left  Right
- Wrist  Left  Right
- Hand  Left  Right
- Knee  Left  Right
- Ankle  Left  Right
- Foot  Left  Right
- Skeletal survey
- Orbits (pre-MRI)
- Sinus
- Spine  cervical  thoracic  lumbar
- Scoliosis series

**BIOPSY/INTERVENTIONAL**

- Ultrasound Guided Procedures**
- Joint Injection \_\_\_\_\_
  - Thyroid Biopsy
  - Breast Biopsy  Left  Right
  - Lymph node biopsy \_\_\_\_\_
  - Other \_\_\_\_\_

- CT Guided Procedures**
- Epidural Block \_\_\_\_\_
  - Facet Injection \_\_\_\_\_
  - Hip Injection  Left  Right
  - Shoulder  Left  Right
  - Knee Injection  Left  Right
  - Biopsy (site) \_\_\_\_\_
  - Myelogram  cervical  thoracic  lumbar
  - Other \_\_\_\_\_