National Jewish Health
Science Transforming Life

IMAGING ORDER FORM

Institute for Advanced Biomedical Imaging
1400 Jackson St, Denver, CO 80206
303-398-1611

Imaging Hours Monday - Friday 7:00 AM - 6:00 PM

Scheduling # 303-270-2420
Fax# 303-270-2501

Special Requests: ___ Phone Report ___ CD with patient

To better facilitate scheduling of your patient, please fax a demographic face sheet along with the order.

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Cell/Work Phone: _____

Insurance Provider: _____ **Precert** No / Yes **#** _____

Ordering Physician's Name: _____ Phone # _____

Physician's Address: _____ Fax # _____

Contact Name: _____

Diagnosis: _____ Symptoms: _____

Reason for Exam: _____

All CT & MRI studies with IV contrast require a Creatinine level within 30 days prior to exam. Creatinine:_____Date:_____

A Creatinine will be done at the time of exam at NJH with Point of Care testing if creatinine is not available .

MRI

Head & Neck

- ☐ Brain w/o 70551
- ☐ Brain w/o & w contrast 70553
- ___ IAC w/o & w
- ___ Pituitary w/o & w
- ☐ Orbit w/o & w contrast 70543
- ☐ Soft Tissue Neck w/o 70540
- ☐ Soft Tissue Neck w/o & w 70543
- ☐ Temporomandibular Joint 70336

Spine & Chest

- ☐ Cervical w/o 72141
- ☐ Cervical w/o & w contrast 72156
- ☐ Thoracic w/o 72146
- ☐ Thoracic w/o & w contrast 72157
- ☐ Lumbar w/o 72148
- ☐ Lumbar w/o & w contrast 72158
- ☐ Chest w/o 71550
- ☐ Chest w/o & w contrast 71552

Abdomen & Pelvis

- ☐ Abdomen w/o 74181
- ___ MRCP w/o
- ☐ Abdomen w/o & w 74183
- ☐ Abd. & Pelvis Enterography w/o & w 74183 & 72197
- ☐ Pelvis w/o 72195
- ☐ Pelvis w/o & w contrast 72197

Upper Extremity Non-Joint

☐ Humerus ☐ Forearm ☐ Hand

R___ L___

___ w/o 73218 ___ w/o & w 73220

Upper Extremity Joint

☐ Shoulder ☐ Elbow ☐ Wrist

R___ L___

___ w/o 73221 ___ w/o & w 73223

MRA

- ☐ MRA Head w/o 70544
- ☐ MRA Neck w/o & w 70549
- ☐ MRA Chest w/o & w 71555
- ☐ MRA Abd. w/o & w contrast 74185
- ☐ MRA Pelvis w/o & w contrast 72198
- ☐ MRA Upper Extremity w/o & w 73225
- ☐ MRA Lower Extremity w/o & w 73725

Lower Extremity Non-Joint

☐ Thigh ☐ Calf ☐ Foot

R___ L___

___ w/o 73718 ___ w/o & w 73720

Lower Extremity Joint

☐ Hip ☐ Knee ☐ Ankle

R___ L___

___ w/o 73721 ___ w/o & w 73723

Cardiac

- ☐ Cardiac for Morphology/Function ____ w/o 75557 ____w/o & w/contrast 75561
- ☐ Cardiac Velocity Flow Mapping 75565
- ☐ Stress Cardiac w/o & w/contrast 75563

MRI Screening Questions

Contact MRI staff if any of the answers are yes, MRI may be contraindicated 303-398-1611

- ☐ Cardiac Pacemaker, ICD
- ☐ Neurostimulator or other implanted system
- ☐ Cochlear ear implant
- ☐ Aneurysm clip (Manufacturer and model type needed)
- ☐ Hx- Injury to eye by metal fragment? ***If yes, an orbit x-ray may be required prior to the MRI***
- ☐ Electronic or magnetically activated implant
- ☐ Implanted drug infusion device
- ☐ Pregnant
- ☐ Weight over 350 lbs (The magnet bore is 60cm wide)

Physician's Signature:_____**Date:**_____

PET/CT

☐ PET/CT Skull to mid-Thigh 78815 ☐ PET/CT Whole Body 78816

____Oncology ____Infection ____Infection ____Oncology (For Melanoma & Lymphoma only)

☐ PET/CT Myocardial Metabolic 78459 _____Sarcoid Imaging

CT Scan

☐ Chest w/o- HRCT/Extend 71250	☐ Abdomen w/o 74150	☐ Head w/o 70450
☐ Chest w/contrast 71260	☐ Abdomen w/contrast 74160	☐ Head w/contrast 70460
☐ Chest Cancer Screen 71250	☐ Abdomen w/o & w 74170	☐ Neck w/o 70490
☐ CTA Chest-PE w/contrast 71275	☐ Abd/Pelvis w/o 74176	☐ Neck w/contrast 70491
☐ CTA Aorta w/o Runoff 71275	☐ Abd/Pelvis w/contrast 74177	☐ Sinus w/o 70486
☐ CTA Abdomen with Runoff 75635	___ Enterography	☐ CTA Head w/contrast 70496
☐ Cardiac Calcium Score 75571	☐ Abd/Pelvis w/o & w 74178	☐ CTA Neck w/contrast 70498

Additional patient information is needed for the following exam. The program nurse will contact you for this:

☐ CTA- Cardiac w/contrast (includes a CT Cardiac Calcium Score) 75574

*The following medications may be given per policy:
Metoprolol 5mg IV PRN and/or Nitroglycerin 0.4mg SL

CT Screening Questions **Contact CT staff if any of the answers are yes. 303-398-1611**

☐ If patient is scheduled for IV contrast, is patient currently taking Metformin or Glucophage?

☐ Pregnant ☐ Iodine Allergy

Nuclear Medicine

☐ VQ Lung Scan/Vent & Perf 78580	☐ Muga/Gated Blood Pool 78481	☐ Hepatpbiliary HIDA 78220__w/o EF__w/ EF
☐ Bone Imaging Scan 78315	☐ Gastric Emptying 78264	☐ Nuclear Medicine Other:

* For Nuclear Stress Exercise & Pharm Test 78465- Please use the Cardiology order form.

Routine Radiology/ X-Ray Orders

Chest / Sinus Airway

☐ Chest 2 view
☐ Chest Decubitus R___ L___
☐ Chest Apical Lordotic
☐ Ribs R___ L___ 3-V
☐ Sternum
☐ Sinus (Waters) 1-View
☐ Sinus Series 3-View
☐ Soft Tissue Neck

Fluoroscopy

☐ Esophogram
☐ UGI ☐ Small Bowel Series
☐ Tailored Barium Swallow
☐ Diaphragm/ Sniff Test

Abdomen

☐ Supine
☐ Supine & Upright

Pelvis

☐ SI Joints
☐ Pelvis 1-view
☐ Pelvis 2-View
☐ Hip 2-View R___ L___

Skull

☐ Skull
☐ Nasal Bones
☐ TMJ
☐ Facial Bones
☐ Eye for foreign body

Upper Extremities

☐ _____
Right_____ Left_____

Lower Extremities

☐ _____
Right_____ Left_____

Spinal Column

☐ Cervical Spine 3-View w/Odontoid
☐ Cervical Spine 4-View w/Obliques
☐ Thoracic Spine 2-View
☐ Lumbar Spine 3-View
☐ Lumbar Spine Flex/ Ext
☐ Sacrum/Coccyx

Bone Density

☐ BD Dexa (routine) 77080 ☐ BD Lat Vert Assessment(LVA) 72010

Ultrasound

☐ Abdomen Complete 76700	☐ Duplex Carotid 93880	Unilateral- 93971 Bilateral- 93970
☐ Duplex Abdomen RUQ 76705	☐ Duplex Renal Vascular 93976	☐ Duplex Venous Upper Ext ___L ___R
☐ Duplex Aorta 76775	☐ Renal 76775	☐ Duplex Venous Lower Ext ___L ___R
☐ Duplex Arterial Groin ___L ___R 76775	☐ Thyroid 76536	

Patient Name _____