



IMAGING & RADIOLOGY REQUISITION FORM

Rev 1.2022

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PATIENT INFORMATION

First Name: _____
 Last Name: _____
 Age: _____ DOB: _____ Phone: _____
 Appt. Date/Time: _____

INSURANCE INFORMATION

Insurance Co. Name: _____
 Auth. Number: _____ No Auth. Required

ORDERING PHYSICIAN

REQUIRED INFORMATION

Physician Name: _____
 Physician Sig: _____ Date: _____
 Symptoms/Reason for Exam: _____

Pregnant? Yes No Allergies? Yes No
 Call report: _____ Fax report: _____
 Send CD: With Patient By Mail

All procedures are protocolled by radiologist, in regards to contrast and non contrast and/or the number of views, if not specified, a complete exam is done.
Check box if you DO NOT want the radiologist to protocol procedure. w con=with IV contrast w/o con=without IV contrast w&w/o con=with and without IV contrast

MRI

MRI SPINE, PELVIS, ABDOMEN

Cervical 72141 w/o con 72156 w&w/o con
 Lumbar 72148 w/o con 72158 w&w/o con
 Pelvis 72195 w/o con 72197 w&w/o con
 Thoracic 72146 w/o con 72157 w&w/o con
 Abdomen 74181 w/o con 74183 w&w/o con
 MRCP 74181
 Sacrum 72195 w/o con 72197 w&w/o con

MRI CHEST

Chest 71550 w/o con 71552 w&w/o con
 Brachial Plex 71550 w/o con 71552 w&w/o con
 R L
 Breast Implant Rupture ONLY 77059

MRI HEAD AND NECK

Brain 70551 w/o con 70553 w&w/o con
 Orbit 70543 w&w/o con
 Face 70543 w&w/o con
 Neck 70543 w&w/o con
 IAC's 70553 w&w/o con
 Pituitary 70553 w&w/o con

MRA

Peripheral Runoff 73725/74185/72198
 Carotids 70549
 Circle of Willis (vessels only) 70544
 Renals (abdomen) 74185 Chest 71555

MRI EXTREMITIES

Joint Lower & Upper R L
 KNEE ANKLE HIP SHOULDER ELBOW WRIST
 Joint 73721 w/o con 73723 w&w/o con
 Arthrogram 73222

Non-joint Lower & Upper Extremity R L

HUMERUS FOREARM FEMUR TIB/FIB FOOT HAND
 Low extrem 73718 w/o con 73720 w&w/o con
 Up extrem 73218 w/o con 73220 w&w/o con

CT

Check box if you want Oral Contrast

CT ABDOMEN AND PELVIS

CT Abd & Pelvis 74176 w/o con 74177 w con
 74178 w&w/o con
 Adb/Pelvis w/o con Renal Stone 74176
 Abdomen 74150 w/o con 74160 w con
 74170 w&w/o con
 Pelvis 72192 w/o con 72193 w con
 72194 w&w/o con

CT UROGRAM 74178

CT HEAD AND NECK

Brain 70450 w/o con 70460 w con
 70470 w&w/o con
 Orbit 70480 w/o con 70481 w con
 70482 w&w/o con
 Temporal Bones 70480 w/o con 70481 w con
 70482 w&w/o con
 Facial Bones 70486 w/o con 70487 w con
 70488 w&w/o con
 Maxillofacial 70486 w/o con 70487 w con
 70488 w&w/o con
 Screening Sinuses 70486
 CT neck 70490 w/o con 70491 w con
 70492 w&w/o con

CTA ANGIOGRAPHY

CTA Carotid 70498
 CTA Runoff 75635
 CTA Renal 74174
 CTA Aorta R/O chest 71275
 abd/pel 74174
 CTA PE Chest 71275
 CTA HEAD 70496

CT

CT CHEST

Chest 71250 w/o con 71260 w con
 71270 w&w/o con
 High Res Chest 71250
 Calcium Score 75571
 Low Dose Lung Screening 72171

CT SPINE

CT Cervical 72125 w/o con
 CT Thoracic 72128 w/o con
 CT Lspine 72131 w/o con

CT EXTREMITIES

Upper & Lower R L
 Indicate body part: _____
 Lower 73700 w/o con 73701 w con
 Upper 73200 w/o con 73201 w con

ULTRASOUND

Breast(s) complete 76641 limited 76642
 Pelvis complete 76856 endo vag 76830
 Pelvis Limited 76857
 Abdomen 76700 limited 76705
 AAA Screening 76706 Follow up 93978
 Renal 76770
 Renal Arteries 76770/93975
 Head/Neck Soft Tissue (thyroid) 76536
 Testes/Contents 76870
 Extremity non-vascular 76881/76882
 Carotid Doppler 93880
 Unilat Venous Doppler 93971 R L
 Bilat Venous Doppler 93970
 OB greater than 14 weeks less than 14 weeks
 ABI 93923 LE Art uni 93926 Bil 93925



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X-RAY

- CXR 1V
- CXR 2V
- CXR 2V with decubs
- CXR 2V with lordotic
- PA CXR with Ribs R L Bilat
- Ribs w/o PA CXR R L Bilat

- KUB
- AAS (PA CXR, flat & upright KUB)
- Abdomen 2V

- Sinuses 2V Skull 2V Facial Bones 4V Eye FB
- Sinuses 4V Skull 4V Nasal Bones
- Waters view only Facial Bones 2V

- C-Spine**
- 3V (ap, lat, odontoid)
- 5V (3V + obliques)
- 7V (5V + flex ext)
- Lat, flex & ext
- Lateral only
- Soft tissue neck

- Thoracolumbar 2V Scolosis Series Entire Spine AP & Lat
- Sacrum and/or Coccyx

- AP Pelvis only Pelvis w/hip R L Bilat
- Standing Pelvis w/Hips 3 V

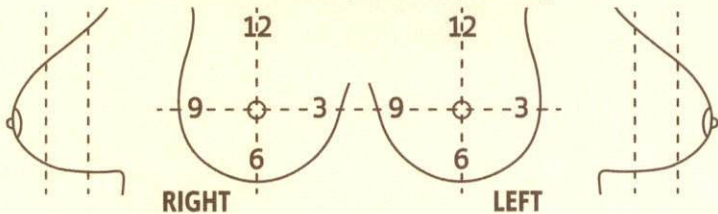
- Shoulder 2V R L Bilat
- Shoulder 3V R L Bilat
- Clavicle R L Bilat
- Humerus R L Bilat
- AC Joints

- Hand R L Bilat 2V 3V Other
- Wrist R L Bilat 2V 3V Other
- Forearm R L Bilat 2V 3V Other
- Elbow R L Bilat 2V 3V Other
- Finger(s) 1 2 3 4 5 R L Bilat 2V 3V
- PA Hands & Wrists
- Bone Age
- Metastatic Bone Survey

- Femur R L Bilat 2V Other
- Knee R L Bilat 2V 3V AP Standing Only
- Tib/Fib R L Bilat 2V
- Ankle R L Bilat 2V 3V Other
- Foot R L Bilat 2V 3V Other
- Toe(s) 1 2 3 4 5 R L Bilat
- Calcaneus R L Bilat

MAMMOGRAPHY

Please mark location of pain or lumps on diagram



- 77051/77066 Bilateral Diagnostic w/CAD
- 77051/77065 Unilateral Diagnostic w/CAD
- Breast(s) US PRN
- 77052/77067 Screening w/CAD

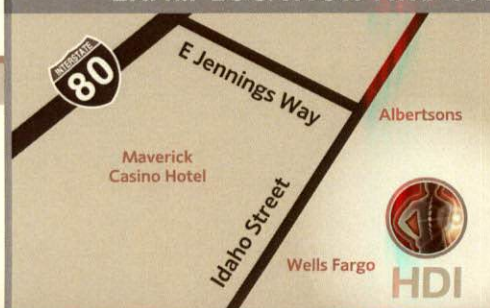
DEXA 77085 Dexa & IVA

OTHER

PATIENT PREPARATION INFORMATION

- Mammogram (breast x-rays)** Do not wear deodorant, powder or perfume the morning of your exam. Please wear a two-piece outfit.
- OB, Pelvic, and Renal (kidney) Ultrasound** Drink at least 24 ounces of water 1 hour prior to your exam and do not empty your bladder.
- Abdominal Ultrasound**
Nothing to eat, drink, smoke, or chew 8 hours prior to your exam.
- Magnetic Resonance Imaging (MRI)**
MRI scans at HDI cannot be performed on people with cardiac pacemakers. Brain aneurysm clips, neuostimulators and cochlear implants are subject to prior approval.
- MRCP (MRI of the abdomen)**
Nothing to eat, drink, smoke, or chew for 6 hours prior to your exam.
- CT Scan (abdomen and/or pelvis)** Nothing to eat, drink, smoke, or chew for 4 hours prior to your exam. If your exam requires contrast, you must pick up the oral contrast from HDI at least one day prior to your exam.

EXAM LOCATION AND PATIENT CHECK-IN



HDI is located in the East End Mall at 2110 Idaho Street in Elko

Please check in at the front desk. **Bring your Insurance cards and Identification.**