



SCHEDULED APPOINTMENT:

Date: _____ Time: _____

Patient Name: _____ DOB: _____ Phone: _____ Cell: _____

Diagnosis w/ICD10 Code: _____

Symptoms _____ Call Report STAT _____

Pager or cell # _____

Fax order, patient demographics, insurance card, and clinical notes pertaining to exam.

Referring Physician Signature Required Below

Referring Dr. Signature: _____ Scan as Ordered May Modify Exam at Radiologist's Discretion if Clinically Indicated

Referring Physician (Printed): _____ Contact Name: _____ Phone: _____

Ultrasound

<input type="checkbox"/> Abdomen Limited: NPO 8 hours prior to exam	<input type="checkbox"/> Thyroid No prep required	<input type="checkbox"/> Carotid No prep required
<input type="checkbox"/> Abdomen Complete: NPO 8 hours prior to exam	<input type="checkbox"/> Scrotum w/Duplex No prep required	<input type="checkbox"/> Venous w/Duplex <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat No prep required
<input type="checkbox"/> Renal (Kidney): 30 oz of water taken 1 hour prior to exam, full bladder	<input type="checkbox"/> Transvaginal w/Duplex	<input type="checkbox"/> Arterial Duplex <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat No prep required
<input type="checkbox"/> Renal (Artery): NPO 8 hours prior to exam, 30oz of water taken 1 hour prior to exam, do not empty bladder	OB EXAMS 30oz of water taken 1 hour prior to exam, do not empty bladder	<input type="checkbox"/> Extremity (non vascular)
<input type="checkbox"/> Hernia	<input type="checkbox"/> OB < 14 Wks. w/ Duplex	<input type="checkbox"/> Soft Tissue Neck
	<input type="checkbox"/> OB Complete > 14 Wks.	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> OB Follow Up	_____
	<input type="checkbox"/> Pelvis w/Duplex: 30oz of water taken 1 hour prior to exam, do not empty bladder	_____

MRI

Circle One:	without contrast	with & without contrast	Creatinine _____	(patients over 60)
<input type="checkbox"/> Brain	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> MRA Head (Cerebral)	<input type="checkbox"/> Knee	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Pituitary	<input type="checkbox"/> Pelvis	<input type="checkbox"/> MRA Neck (Carotids)	<input type="checkbox"/> Ankle	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Orbits/Brain	<input type="checkbox"/> Abdomen (No liver studies) HF Only	<input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Foot	<input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Internal Auditory Canal/Brain	<input type="checkbox"/> MRCP Abdomen: NPO 6 hours prior to exam. HF Only	<input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Other (please specify):	_____
<input type="checkbox"/> Soft Tissue Neck		<input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R	_____	_____
<input type="checkbox"/> Cervical Spine		<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R		
<input type="checkbox"/> Thoracic Spine		<input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R		

CT

Circle One:	with contrast	without contrast	with & without contrast	Creatinine _____	(patients over 60)
<input type="checkbox"/> Head	<input type="checkbox"/> Abdomen/Pelvis	<input type="checkbox"/> CTA Chest	<input type="checkbox"/> Hip	<input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Sinus/Facial Bones	<input type="checkbox"/> Pelvis	<input type="checkbox"/> CTA Abdomen/Pelvis	<input type="checkbox"/> Knee	<input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Temporal Bones	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> CTA Runoff	<input type="checkbox"/> Ankle	<input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Orbits	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Foot	<input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Other (please specify):	_____	_____
<input type="checkbox"/> Chest	<input type="checkbox"/> CTA Head	<input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R	_____	_____	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> CTA Neck (Carotids)	<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R			

X-Ray

Exam Requested _____ L R Bone Density

Arthrogram

MRI CT Broken Arrow, Edmond & Norman Locations Only

<input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R
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BROKEN ARROW
1755 North Aspen Avenue
Broken Arrow, OK 74012-1197
Phone: 918.251.0400 **Fax:** 918.251.8814

SERVICES: MRI [1.5T HF] • CT • US • X-Ray
Fluoroscopy • Arthrogram

OKLAHOMA CITY
4901 N. May Avenue, Suite 100
Oklahoma City, OK 73112-6041
Phone: 405.943.0055 **Fax:** 405.943.0078

SERVICES: MRI [1.5T Wide-Bore, 1.5T HF] • CT
US • X-Ray • NeuroQuant®

EDMOND
902 South Bryant Avenue
Edmond, OK 73034-5742
Phone: 405.348.1900 **Fax:** 405.348.0423

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • Fluoroscopy • Mammo • Bone Density
(DEXA) • Arthrogram • NeuroQuant®

STILLWATER
1909 West 6th Avenue, Suite A
Stillwater, OK 74074-4204
Phone: 405.743.0845 **Fax:** 405.743.0846

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • NeuroQuant®

MIDWEST CITY
1201 South Douglas Blvd, Suite E
Midwest City, OK 73130
Phone: 405.736.9222 **Fax:** 405.736.9144

SERVICES: MRI [1.2T HF Open] • CT • US
X-Ray

TULSA - MIDTOWN
1121 South Lewis Avenue
Tulsa, OK 74104-3905
Phone: 918.712.2000 **Fax:** 918.712.2100

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • Bone Density (DEXA) • NeuroQuant®

NORMAN
2901 Adams Road
Norman, OK 73069-6360
Phone: 405.579.1505 **Fax:** 405.579.1530

SERVICES: MRI [1.5T Wide-Bore, 1.5T
Wide-Bore] • CT • US • X-Ray • Fluoroscopy
Arthrogram • NeuroQuant®

YUKON
1751 Garth Brooks Boulevard, Suite 105
Yukon, OK 73099-6349
Phone: 405.350.6860 **Fax:** 405.350.6823

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • NeuroQuant®