KAISER PERMANENTE®

Diagnostic Imaging Services

Scheduling: 770-677-5821 Monday – Friday 8am – 7pm

STAT: 770-677-5864 CDIP: 770-677-5819
Expedite: 770-677-5821 CDIP FAX: 770-677-7302

- ☐ STAT Procedure
- ☐ Call Report
- ☐ Send films with patient
- ☐ Comparison of previous study required. Obtain from: _____

Patient's Name:_____ Date of Birth:_____
Last First

Health Record Number:_____ Telephone: (___)_____ Secondary: (___)_____

ICD-9 Code:_____**Clinical Information/Signs/Symptoms**:_____

_____

Special Instructions:_____

Physicians Name & Signature:_____**Provider Number**:_____

Physician's Telephone:_____ **Physician's Fax**:_____

REQUESTED TESTS (Please check and specify side/site)

ABDOMEN & CHEST
- ☐ Abd 1 View (KUB)
- ☐ Abd Series
- ☐ Chest 1 View
- ☐ Chest 2 Views (PA & LAT)
- ☐ Chest 2 Views Apical lordotic
- ☐ Chest – Lateral Decubitus
- ☐ Chest 2 Views with Oblique
- ☐ Ribs – Bilateral
- ☐ Ribs – Unilateral R L
- ☐ Sternoclavicular Joint
- ☐ Sternum

FOREIGN BODY
- ☐ Foreign Body Pediatric

HEAD
- ☐ Facial Bones
- ☐ Mandible
- ☐ Nasal Bones
- ☐ Orbits
- ☐ Sinuses Complete
- ☐ Sinus – Water's View
- ☐ Skull
- ☐ Soft Tissue Neck

LOWER EXTREMITIES
- ☐ Ankle
- ☐ Child Lower Extremity
- ☐ Femur R L
- ☐ Foot R L
- ☐ Foot – Standing R L
- ☐ Heel R L
- ☐ Knee R L
- ☐ Knee – Bilateral Standing
- ☐ Knee 4 Views w/ Patella R L
- ☐ Tib/Fib R L
- ☐ Toe(s)_____ R L

SPINE & PELVIS
- ☐ Cervical Spine – Limited
- ☐ Cervical Spine – Complete
- ☐ Hip – Bilateral
- ☐ Hip – Unilateral R L
- ☐ Lumbar Spine – Limited
- ☐ Lumbar Spine – Routine
- ☐ Pelvis
- ☐ Sacroiliac joints
- ☐ Sacrum & Coccyx
- ☐ Scoliosis Spine
- ☐ Thoracic Spine
- ☐ Thoracic– Lumbar Spine

UPPER EXTREMITIES
- ☐ AC Joints
- ☐ Child Upper Extremity R L
- ☐ Clavicle R L
- ☐ Elbow R L
- ☐ Finger(s) _____ R L
- ☐ Forearm R L
- ☐ Hand R L
- ☐ Humerus R L
- ☐ Scapula R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Bone Age
- ☐ Bone Length
- ☐ Skeletal Survey

FLUORO
- ☐ Barium Enema Air Contrast
- ☐ Barium Enema – Colostomy
- ☐ Barium Enema – Single Contrast
- ☐ Barium Enema – Gastrograffin
- ☐ Barium Swallow
- ☐ Chest Fluoro
- ☐ Fluoro Time
- ☐ Foregin Body Localization
- ☐ Gastro Tube Placement
- ☐ Small Bowel Series
- ☐ UGI
- ☐ UGI w/Small Bowel follow through
- ☐ UGI w/Gastrograffin

SPECIAL PROCEDURES
- ☐ HSG – Hysterosalpingogram
- ☐ Sialogram – Bilateral

UROGRAPHY
- ☐ IVP
- ☐ Cystogram

MAMMOGRAPHY
- ☐ Mammo Screening Bilateral
- ☐ Mammo Screening Unilateral R L
- ☐ Mammo Diagnostic Bilateral
- ☐ Mammo Diagnostic Unilateral R L

ULTRASOUND
- ☐ Abdomen
- ☐ Aorta
- ☐ Breast – Bilateral
- ☐ Breast – Unliateral R L
- ☐ DVT R L
- ☐ Extremity R L
- ☐ Gallbladder
- ☐ OB >14 weeks Twins
- ☐ OB <14 weeks Twins
- ☐ OB follow-up
- ☐ Pelvic – to include transvag
- ☐ Pelvic – without transvag
- ☐ Pelvic follow-up
- ☐ Renal
- ☐ Scrotum
- ☐ Thyroid

BONE DENSITY
- ☐ DEXA Scan
- ☐ DEXA – Weight over limit
- ☐ DEXA – Vertebral Fracture

CT SCANS

w/o w/wo with
- ☐ Radiologist's discretion
- ☐ Head
- ☐ Facial Bones
- ☐ Orbits
- ☐ Sinus
- ☐ Soft Tissue Neck
- ☐ Temporal Bones
- ☐ Lower Extremity specify _____ R L
- ☐ Upper Extremity specify_____ R L
- ☐ Abdomen
- ☐ Abdomen/Pelvis
- ☐ Chest
- ☐ Chest/Abdomen – Aorta Angio
- ☐ Pelvis
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Hematuria Panel
- ☐ Kidney Stone Panel

MRI

w/o w/wo with
- ☐ Radiologist's discretion
- ☐ Brain
- ☐ ***MRA*** Brain w/o
- ☐ ***MRA*** Carotids
- ☐ Orbits
- ☐ Face/Sinus
- ☐ IAC's
- ☐ Pituitary
- ☐ Soft Tissue Neck
- ☐ TMJ
- ☐ Lower Extremity specify_____ R L
- ☐ Upper Extremity specify_____ R L
- ☐ Soft Tissue Lower Extremity specify _____ R L
- ☐ Soft Tissue Upper Extremity Specify _____ R L
- ☐ Abdomen
- ☐ ***MRA*** Abdomen
- ☐ Pelvis
- ☐ Cervical Spine
- ☐ Lumbar Spine
- ☐ Thoracic Spine
- ☐ Stroke Panel

ARTHROGRAM
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L

NUCLEAR MEDICINE

To schedule Nuclear Medicine studies, please call: 770-677-5824
- ☐ Renal Function Study
- ☐ Renal w/Pharm
- ☐ Muga Scan
- ☐ Thyroid Scan & Uptake 4-24 hours
- ☐ I 131 Total Body Scan
- ☐ I 131 Thyroid Therapy
- ☐ Limited Bone Scan
- ☐ Sestamibi Parathyroid Scan
- ☐ Total Bone Scan
- ☐ 3 Phase Bone Scan
- ☐ Bone Spect
- ☐ Liver – Spleen Scan
- ☐ Hida Scan
- ☐ GB w – CCK
- ☐ Gastric Empty Study
- ☐ Perfusion Aerosol Lung - VQ
- ☐ Liver Spect w/ flow - Hemingioma
- ☐ Thyroid imaging only – no uptake
- ☐ Tumor Whole Body Single
- ☐ Pulmonary Quant Diff Function
- ☐ Infection Local
- ☐ Sestamibi Breast

OTHER

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****BUN & CREATININE LEVELS ARE REQUIRED FOR EXAMS REQUIRING CONTRAST – PLEASE ORDER APPROPRIATE LABS****