Medical Care, PLLC Radiology Request Form

Ordering Physician: _____ **Signature:** _____

Practice Name: _____

Phone: _____ **Fax:** _____ **Date:** _____

Patient Name: _____ **Date of Birth:** _____ **Weight:** _____

Precert # / ICD-9 Code: _____

Insurance Company: _____ **Insurance ID#:** _____

Diagnosis, History etc.: _____

Appt. Date: _____ **Scheduled Time:** _____ **Patient Telephone #:** _____

Please check appropriate location for procedure: **Medical Care Elizabethton** ☐ **Medical Care Johnson City** ☐

Please check the box beside the desired procedure. Mark "L" [LEFT], "R" [RIGHT] or both where applicable. Mark "w" [WITH CONTRAST] or "w/o" [WITHOUT CONTRAST] or both where applicable.

CT Scan

w	w/o	Abdomen / Pelvis
w	w/o	Abdomen
w	w/o	Pelvis
		Pelvis / Hip for Fracture
w	w/o	Stone Protocol
w	w/o	Chest
		Chest - High Res
w	w/o	Head
w	w/o	Maxillofacial
		Sinus
w	w/o	Neck Soft Tissues
		Spine - Cervical [C1-T1]
		Spine - Lumbar [L1-S1]
		Spine - Thoratic [T1-T12]
w	w/o	Upper Extremity
w	w/o	Lower Extremity

DEXA Scan

	Bone Densitometry Scan
	Body Fat Analysis
	Vertebral Fracture Analysis

Mammogram

		Screening [Annual]
L	R	Diagnostic

Nuclear Medicine

	Bone Limited
	Bone Whole Body
	Bone 3 Phase
	Cardiac Single [Rest /Stress]
	Cardiac Multi
	HIDA Scan
	HIDA Scan CCK w/ Ejec Frac.

Ultrasound

		Abdomen - Complete
		Abdomen - Gallbladder
		Abdomen - Liver
		Abdomen - Spleen
		Aorta
		Bladder
L	R	Extremity Non-Vascular
		Liver w/ Doppler
		Pelvic - Transabdominal Only
		Pelvic - Transvaginal
		Renal - Kidney[s]
		Renal - Kidney[s] & Bladder
		Testicular
		Thyroid / Soft Tissue - Neck
L	R	Cartoid - Doppler
L	R	Upper Ext. Venous - Doppler
L	R	Lower Ext. Venous - Doppler
L	R	Upper Ext. Arterial - Doppler
L	R	Lower Ext. Arterial - Doppler
		Ankle Brachial Index [ABI]
		Echocardiogram

Diagnostic X-Ray

		Abdomen - KUB
		Abdomen - Flat & Upright
L	R	A-C Joint
L	R	Ankle
L	R	Arm - Lower [Forearm]
L	R	Arm - Upper [Humerus]
		Chest - 1 View
		Chest - 2 View
L	R	Clavicle
L	R	Elbow
		Facial Bones

Diagnostic X-Ray - Continued

L	R	Fingers
L	R	Foot
L	R	Hand
L	R	Heel
L	R	Hip
L	R	Knee
L	R	Leg - Lower [Tibia / Fibula]
L	R	Leg - Upper [Femur]
		Mandible
		Nasal Bone
		Orbits
		Pelvis
L	R	Ribs
		Sacrum / Coccyx
L	R	Scapula
L	R	Shoulder
		SI Joints
		Sinus
		Skull
		Soft Tissue - Neck
		Spine - Cervical
		Spine - Lumbar
		Spine - Thoracic
		Sternum
L	R	Toes
L	R	Wrist

Notes / Other

To schedule appointments, please call (423) 431-0315 or (423) 929-2584. Please FAX this sheet with a copy of insurance card and any other required information to (423)722-2060. Find Medical Care online at www.medicalcarepllc.com

MEDICAL CARE, PLLC
RADIOLOGY & IMAGING