



# MEDICAL CARE

"Medical Care with a Heart."

Revised 05/22

## RADIOLOGY REQUEST FORM

www.medicalcarepllc.com

PHONE: (423)929-2584 • FAX (423) 722-2060

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
	W	W/O	Chest PE Protocol
	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 Tissue
			Spine - Cervical [C1-T1]
			Spine - Lumbar [L1-S1]
			Spine - Thoracic [T1-T12]
	W	W/O	Upper Extremity
	W	W/O	Lower Extremity
			CTA
	W	W/O	Head
	W	W/O	Chest
	W	W/O	Neck
	W	W/O	Abdomen
	W	W/O	Abdomen / Pelvis
	W	W/O	Ab/Pelvis w/ Runoff

### DEXA SCAN

			Bone Densitometry
			Body Fat Analysis
			Vertebral Fracture Analy

### ULTRASOUND

			Abdomen - Complete
			Abdomen - Gallbladder
			Abdomen - Liver
			Abdomen - Spleen
			Aorta
			Bladder
	L	R	Extremity Non-Vascular
			Pelvic - Trans Abd Only
			Transvaginal
			Renal- Kidney[s]
			Renal - Kidney[s] & Bladder
			Testicular
			Thyroid/Soft Tissue - NK
	L	R	Carotid - Doppler
	L	R	Upper Ext. Venous - Doppler
	L	R	Lower Ext. Venous - 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 [Forearm]
			Chest - 1 View
			Chest - 2 View
	L	R	Clavicle
	L	R	Elbow
			Facial Bones
	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

### DIAGNOSTIC X-RAY Continued

			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

### MAMMOGRAM

			3D/Tomo
			Screening [Annual]
	L	R	Diagnostic

### Notes

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