



**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

**MAMMOGRAM**

			3D/Tomo
			Screening [Annual]
	L	R	Diagnostic

**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

**DIAGNOSTIC X-RAY Continued**

	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
			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

**MRI**

	W	W/O	Abdomen
			Liver
			Pancreas
			Renal
			Adrenal
	W	W/O	Abdomen MRCP
		W/O	Breast Bilateral [Implant Rupture]
	W	W/O	Breast Bilateral
		W/O	Breast Unilateral [Implant Rupture]
	W	W/O	Breast Unilateral
	W	W/O	Brain
			General
			Pituitary
			MIS
			IAC's
			Orbits
			Maxillofacial
	W	W/O	Cervical Spine
	W	W/O	Lumbar Spine
	W	W/O	Lower Ext. Non-Joint
	L	R	Femur
	L	R	Tibia
	L	R	Fibula
	L	R	Foot
	W	W/O	Lower Ext. Joint
	L	R	Hip
	L	R	Knee
	L	R	Ankle
	W	W/O	Neck
	W	W/O	Pelvis
			General
			Female
	W	W/O	Sacrum
	W	W/O	Thoracic Spine
	W	W/O	Upper Ext. Non-Joint
	L	R	Humerus
	L	R	Forearm
	L	R	Hand
	W	W/O	Upper Ext. Joint
	L	R	Shoulder
	L	R	Elbow
	L	R	Wrist

**DEXA SCAN**

	Bone Densitometry
	Body Fat Analysis
	Vertebral Fracture Analy

**Notes**



# MEDICAL CARE RADIOLOGY

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](http://www.medicalcarepllc.com)