CLERMONT RADIOLOGY COLUMBIA

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Patient Name: _____
Patient Phone: _____ DOB: _____ ☐ Report only ☐ CD ☐ Portal
Diagnosis: _____ Accident type _____ DOI _____

MRI

☐ Brain ☐ IACs
☐ Orbits ☐ Face ☐ Sinus ☐ Neck
☐ Pituitary
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Chest
☐ Abdomen: ☐ Kidney ☐ Adrenal ☐ MRCP
☐ Pelvis
☐ Humerus
☐ Shoulder ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Hip ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Tib/Fib ☐ L ☐ R
☐ Other _____

Contrast
☐ Without
☐ With/Without
☐ Contrast at Radiologists' Discretion

X-Ray

☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Chest PA & LAT
☐ Pelvis
☐ Bone Age Study
☐ Abdomen/KUB
☐ Skull
☐ Sinus
☐ Orbits
☐ Shoulder ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Ribs ☐ L ☐ R
☐ Hip ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Tib/Fib ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ Other _____

CT Scan

☐ Head
☐ Sinuses
☐ Orbits ☐ IAC ☐ Temporal Bones ☐ Mastoids
☐ Max/Facial Bones
☐ Soft Tissue Neck
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Chest
☐ Abdomen Only
☐ Pelvis Only
☐ Abdomen and Pelvis Oral Contrast: Y N
☐ Urogram (abd/pd w/wo)
☐ Stone Protocol (no oral, no IV contrast)
☐ Upper Extremity ☐ L ☐ R
☐ Lower Extremity ☐ L ☐ R
☐ Other _____

Contrast
☐ With
☐ Without
☐ With/Without
☐ Contrast at Radiologists' Discretion

MRA

☐ MRA Head (circle willis)
☐ MRA Neck (carotids)
☐ Other _____

DEXA

☐ Bone Densitometry

Ultrasound

☐ Carotid Study (NICS)
☐ Abdominal
☐ ABI's
☐ RUQ; GB
☐ Arterial Study
☐ Upper ☐ Lower
☐ L ☐ R
☐ Renal
☐ Thyroid
☐ Testicle
☐ Breast
☐ Vas Carotids
☐ Pelvis (Transabdominal)
☐ Pelvis (Transvaginal)
☐ Other _____
☐ OB _____ Trimester
☐ Venous Study (vein scan)
☐ Upper ☐ Lower
☐ L ☐ R

Clinical Notes Needed For Authorization

Authorizations

Authorization #: _____
Expiration Date: _____
Effective Date: _____

We are happy to obtain these!

Physician Name: _____ Physician Phone: _____ Physician Signature: _____
Date: _____ Insurance Carrier: _____ Policy #: _____
Referring Physician Fax #: _____ Attorney Name: _____

Please send patient's demographics and copy of both sides of insurance cards with order!

CLERMONT RADIOLOGY COLUMBIA

Most insurances accepted! *Financial arrangements available!*

Outstanding Services

Scans are scheduled within 24-48 hours.
Results in 24-48 hours / Same-day reads upon request.

Patient Instructions

If you must reschedule or cancel you appointment, please give at least 24 hours notice.
Please arrive 15 minutes prior to your exam.
Wear comfortable clothing without metal, if possible.
Bring any previous relevant images and reports.
We cannot perform an MRI if you have a pacemaker, defibrillator, and/or metal fragments in the eye.
Please inform our staff prior to your appointment of any possible contraindications for your exam.

Scan our code on your smart phone camera to get directions to our Columbia location via Google!