



CALL REPORT W/EXT.: _____

WHITE-WILSON

MEDICAL CENTER, P.A.

IMAGING SERVICES • 863-8110 TELEPHONE • 862-3839 FAX • 1005 MAR WALT DRIVE • FORT WALTON BEACH, FL 32547

RADIOLOGY SCHEDULE REQUEST

Name: _____ Date: _____

DOB: _____ Medical Record: _____ Send Films with Patient: _____

Creatinine Level: _____ Lab Date: _____ Allergies: _____

Nurse Initials/Title _____ Patient Weight _____ Physician Signature: _____

History: _____

Comments: _____

<input checked="" type="checkbox"/>	ICD9	HEAD AND NECK			PELVIS – AP ONLY OR COMPLETE (CIRCLE ONE)
		MANDIBLE			SACROILIAC JOINTS
		MASTOIDS			SACRUM & COCCYX
		I.A.C.			SPINE SINGLE SPECIFY AREA
		FACIAL BONES			SCOLIOSIS SPINE AP & LAT.
		NASAL BONES	<input checked="" type="checkbox"/>	ICD9	ABDOMEN
		WATERS VIEW SINUS			KUB
		SINUS SERIES			FLAT & ERECT
		ORBITS			ACUTE ABDOMEN SERIES WITH PA CHEST
		SELLA TURCICA	<input checked="" type="checkbox"/>	ICD9	UPPER EXTREMITIES
		SKULL SERIES			L R CLAVICLE
		T.M.J.			L R SCAPULA
		NECK – SOFT TISSUE EXAM			L R SHOULDER
		SKULL >4 VIEW			L R AC JOINTS W/ WO DISTRACT
<input checked="" type="checkbox"/>	ICD9	CHEST			L R HUMERUS
		SINGLE VIEW CHEST			L R ELBOW – COMPLETE
		CHEST, PA & LATERAL			L R ELBOW – AP & LATERAL ONLY
		LORDOTIC VIEW			L R FOREARM
		MULTIPLE VIEW CHEST			L R WRIST COMPLETE
		DECUBITUS L R			L R WRIST – AP & LATERAL ONLY
		RIBS L R			L R HAND – MIN. 2 VIEWS
		STERNUM			L R HAND – MIN. 3 VIEWS
		STERNOCLAVICULAR JT.			L R FINGER
<input checked="" type="checkbox"/>	ICD9	SPINE AND PELVIC	<input checked="" type="checkbox"/>	ICD9	LOWER EXTREMITIES
		CERVICAL – FLEX & EXT ONLY			L R HIP
		CERVICAL – AP & LATERAL ONLY			L R FEMUR – AP & LATERAL
		CERVICAL – AP/LAT & FLEX/EXT			L R KNEE – 4 VIEWS
		COMPLETE CERVICAL SERIES			L R KNEE – AP & LATERAL
		CERVICAL SERIES WITH FLEXION EXT.			L R TOES
		THORACIC SPINE			L R LOWER LEG
		LUMBOSACRAL – AP & LAT ONLY			L R ANKLE COMPLETE
		LUMBOSACRAL – FLEX & EXT ONLY			L R ANKLE – AP & LATERAL ONLY
		LUMBAR SERIES AP/LAT & FLEX/EXT			L R FOOT COMPLETE
		COMPLETE LUMBAR SERIES			L R FOOT – AP & LAT ONLY
		LUMBAR SERIES W/FLEX & EXT			L R CALCANEUS
		THOROCOLUMBAR			BONE SURVEY

Name: _____

Medical Record: _____

<input checked="" type="checkbox"/>	ICD9	ULTRASOUND	<input checked="" type="checkbox"/>	ICD9	CT
		ABD COMPLETE			CONTRAST: YES NO RADIOLOGIST TO DECIDE
		RUQ (GALLBLADDER, LIVER, PANCREAS)			IAC / MASTOIDS / FACIAL BONES / ORBITS
		AORTA			BRAIN / HEAD
		SPLEEN			SINUSES
		RENAL – INCLUDES BLADDER			CORONARY CALCIUM SCORE
		CAROTID			LIMITED SINUSES
		RENAL WITH DOPPLER			SOFT TISSUE NECK
		DUPLEX LOWER EXT. ARTERIES COMPLETE INC. ABI'S			BRACHIAL PLEXUS
		DUPLEX UPPER EXT. ARTERIES COMPLETE			CHEST
		DUPLEX ARTERIES OR GRAFTS, LTD. UNILATERAL RT LT ARM LEG			ABDOMEN
		VENOUS DUPLEX RT LT ARM LEG			PELVIS
		EXTREM – NON VASCULAR RT LT ARM LEG			KIDNEY STONE PROTOCOL – ACUTE FLANK PAIN
		BREAST RT LT			CERVICAL SPINE
		SCROTAL			THORACIC SPINE
		THYROID			LUMBAR SPINE
		PELVIC (NON OB) TRANSVAGINAL IF NEEDED			CT ANGIOGRAM OF: _____
		TV ONLY - NON OB			LOW DOSE LUNG CT SCREENING
		OB - TRANSVAGINAL IF NEEDED			OTHER _____
		TV ONLY – OB	<input checked="" type="checkbox"/>	ICD9	MYELOGRAM
<input checked="" type="checkbox"/>	ICD9	NUCLEAR MEDICINE			CERVICAL (POST CT)
		WHOLE BODY BONE			THORACIC (POST CT)
		LIMITED BONE _____ AREA			LUMBAR (POST CT)
		TRIPLE PHASE BONE _____ AREA	<input checked="" type="checkbox"/>	ICD9	MRI
		BONE SPECT _____ AREA			CONTRAST: YES NO RADIOLOGIST TO DECIDE
		HEPATOBIILIARY SCAN (HIDA)			IAC
		HEPATOBIILIARY SCAN W/EJECTION FRACTION			BRAIN
		PARATHYROID SCAN			PITUITARY
		THYROID SCAN ONLY			NECK SOFT TISSUE
		THYROID UPTAKE & SCAN			CERVICAL SPINE
		LIVER / SPLEEN SCAN			THORACIC SPINE
		GASTRIC EMPTYING			LUMBAR SPINE
		SCINTIGRAPHY BREAST			SHOULDER RT LT
		RENAL SCAN / LASIX / CAPTOPRIL			ELBOW RT LT
		MECKELS SCAN			WRIST RT LT
		MUGA			HIP RT LT
		MYOCARDIAL PERFUSION			KNEE RT LT
		MYOCARDIAL PERFUSION WITH ADENOSINE			MRA: _____
		MYOCARDIAL PERFUSION WITH DOBUTAMINE			OTHER: _____
<input checked="" type="checkbox"/>	ICD9	MAMMOGRAPHY	<input checked="" type="checkbox"/>	ICD9	GASTROINTESTINAL
		SCREENING			ESOPHAGUS
		DIAGNOSTIC: UNILATERAL BILATERAL			UGI
		ULTRASOUND BREAST L R			BE WITH AIR CONTRAST
		DEXA			BE SINGLE COLUMN
		IMPLANTS Y N			SMALL BOWEL
<input checked="" type="checkbox"/>	ICD9	UNLISTED PROCEDURES	<input checked="" type="checkbox"/>	ICD9	UROLOGY
					IVP
					VCUG
					CYSTOGRAM