

Today's Date:

____ / ____ / ____



For Appointments: 580-540-3244

Fax Orders: 580-308-1023

Patient Name: _____

DOB: ____ / ____ / ____ Employer: _____ SS#: _____

Insurance: _____ Group #: _____ Policy #: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Appointment Date: ____ / ____ / ____ Time: _____ Pregnant: Yes No

Diagnosis Code: _____ Reason for Exam: _____

Referring Physician (Print): _____ Office Phone: _____

Office Contact: _____ Office Fax: _____

STAT REPORT _____ CALL STAT _____ Deliver CD Send CD With Patient

MRI

- With Contrast
- Without Contrast
- With & Without Contrast
- RAD to Determine
- NEURO/ENT/SPINE**
- Brain
- Orbits
- Pituitary
- IAC
- Spine (select below)
 - C T L
- TMJ
- Soft tissue neck/parotid
- Other _____
- ORTHOPEDIC**
- Extremity (select below)
 - Left Arm Right Arm
 - Left Leg Right Leg
- Specify _____
- Pelvis R L
- BODY & CHEST**
- Abdomen
- Pelvis
- Prostate
- MRCP
- Breast MRI
- Clavicle/SC joint
- Scapula
- Sternum
- Other _____
- MRA**
- Intracranial/ Circle of Willis
- Carotid

CT

- With Contrast
- Without Contrast
- With & Without Contrast
- RAD to Determine
- Lung Screening
- Chest
- Brain
- Abdomen Only
- Spine (select below)
 - C T L
- Pelvis Only
- Facial bones
- Abdomen & Pelvis Combined
- Temporal bones
- CTA _____
- Complete Sinuses
- Other _____
- Soft Tissue Neck
- Extremity (select below)
 - Left Arm Right Arm
 - Left Leg Right Leg

X-RAY

- Chest PA & LAT
- Shoulder R L
- Abdomen, KUB
- Elbow R L
- Abdominal Series
- Wrist R L
- Pelvis
- Hand R L
- C-Spine
- Hip R L
- T-Spine
- Knee R L
- L-Spine
- Ankle R L
- Other _____
- Foot R L

ULTRASOUND

- Carotids
- Venous Leg R L Bilat
- Extremity
- Arm R L Bilat
- Pelvic
- Renal Doppler Arterial Leg R L Bilat
- Abdominal
- Arm R L Bilat
- Breast
- Renal Ultrasound Other _____
- AAA

I certify that the item(s) prescribed is medically necessary for the treatment of this patient for the above condition and this information is documented in the patient medical records:

Referring Physician Signature: _____ Date: ____ / ____ / ____

(No Stamped Signatures)