PHYSICIAN REFERRAL FORM

SCHUYLKILL
MEDICAL IMAGING

a Rezolut company

REF DR: PHONE #:

REF DR SIGNATURE:

☐ STAT REPORT ☐ FAX: _____

☐ IMAGES ON CD ☐ ONLINE ACCESS REQUESTED

PRECERT/REF #'S:

PATIENT NAME: TODAY'S DATE:

DOB: CONTACT #:

INDICATION/DIAGNOSIS:

ALLERGIES: ☐ NONE ☐ IV CONTRAST ☐ LATEX ☐ OTHER:

MRI

☐ OPEN MRI ☐ CLOSED
☐ NO PREFERENCE

I.V. CONTRAST: GFR _____
☐ WITH CONTRAST
☐ W/O ☐ WITH+W/O
☐ AT RADIOLOGIST'S DISCRETION

NEURO
☐ BRAIN
☐ PITUITARY
☐ IAC
☐ ORBITS
☐ TMJ
☐ NECK-SOFT TISSUE
☐ BRACHIAL PLEXIS ☐ R ☐ L ☐ B
☐ LUMBOSACRAL PLEXIS
☐ CERVICAL SPINE
☐ THORACIC SPINE
☐ LUMBAR SPINE
☐ MRA BRAIN
☐ MRA NECK/CAROTID
☐ MRV HEAD

BODY
☐ CHEST
☐ ABDOMEN, SPECIFY: _____
☐ MRCP
☐ PELVIS

EXTREMITIES

☐ SHOULDER	☐ R	☐ L
☐ ELBOW	☐ R	☐ L
☐ WRIST	☐ R	☐ L
☐ HAND	☐ R	☐ L
☐ HIP	☐ R	☐ L
☐ KNEE	☐ R	☐ L
☐ ANKLE	☐ R	☐ L
☐ FOREFOOT	☐ R	☐ L
☐ HINDFOOT	☐ R	☐ L

OTHER: _____

CT SCAN

I.V. CONTRAST: GFR _____
☐ WITH ☐ W/O ☐ WITH+W/O
☐ AT RADIOLOGIST'S DISCRETION

ORAL CONTRAST: ☐ Y ☐ N
(FOR ABDOMEN STUDIES)

NEURO
☐ HEAD
☐ CTA HEAD
☐ CTA CAROTID
☐ ORBITS
☐ SINUSES
☐ FACIAL
☐ NECK-SOFT TISSUE
☐ CERVICAL SPINE
☐ THORACIC SPINE
☐ LUMBAR SPINE
☐ IAC/TEMPORAL BONES/SELLA

BODY
☐ CHEST
☐ CTA CHEST (PE STUDY)
☐ CTA CHEST NON-CARDIO
☐ ABDOMEN
☐ CTA ABDOMEN/PELVIS
☐ PELVIS
☐ ABDOMEN + PELVIS

MSK: _____
OTHER: _____

ULTRASOUND

GENERAL
☐ ABDOMEN ☐ LTD (RUQ) ☐ COMP
☐ PELVIS ☐ TRS ABD ☐ ENDO
☐ FETAL (OB 1st trimester)
☐ BREAST ULTRASOUND ☐ R ☐ L ☐ B
☐ THYROID
☐ SCROTUM/TESTICULAR
☐ BLADDER
☐ RENAL
☐ LOWER EXTREMITY ☐ ARTERIAL ☐ VENOUS
☐ ABI/PVR

VASCULAR
☐ CAROTID
☐ RENAL DOPPLER ☐ R ☐ L

OTHER: _____

BREAST IMAGING

☐ SCREENING MAMMOGRAM
☐ include diagnostic mammogram & breast ultrasound if needed.
☐ DIAGNOSTIC MAMMOGRAM ☐ R ☐ L ☐ B
☐ BREAST ULTRASOUND ☐ R ☐ L ☐ B
☐ DENSE BREAST SCREENING ULTRASOUND

X-RAY

HEAD
☐ SKULL ☐ ORBITS ☐ FACIAL BONES
☐ SINUS ☐ MANDIBLE ☐ NASAL BONES

BODY
☐ CHEST ☐ 1 VIEW ☐ 2 VIEWS
☐ RIBS ☐ RIBS ☐ R ☐ L
☐ STERNUM
☐ ABDOMEN ☐ SUPINE ☐ SUPINE & ERECT
☐ PELVIC AP

SPINE ☐ STANDING ☐ FLEX/EXT
☐ C-SPINE ☐ 2 VIEWS ☐ 5 VIEWS
☐ T-SPINE
☐ L-SPINE ☐ 2 VIEWS ☐ 5 VIEWS
☐ SI JOINTS ☐ AC JOINTS
☐ SACRUM/COCCYX

EXTREMITIES **WEIGHTBEARING** ☐ Y ☐ N

☐ CLAVICLE	☐ R	☐ L	☐ B
☐ AC JOINTS	☐ R	☐ L	☐ B
☐ SC JOINTS	☐ R	☐ L	☐ B
☐ SCAPULA	☐ R	☐ L	☐ B
☐ SHOULDER	☐ R	☐ L	☐ B
☐ HUMERUS	☐ R	☐ L	☐ B
☐ ELBOW	☐ R	☐ L	☐ B
☐ FOREARM	☐ R	☐ L	☐ B
☐ WRIST	☐ R	☐ L	☐ B
☐ HAND	☐ R	☐ L	☐ B
☐ FINGER	☐ R	☐ L	☐ B
☐ THUMB	☐ R	☐ L	☐ B
☐ HIP	☐ R	☐ L	☐ B
☐ FEMUR	☐ R	☐ L	☐ B
☐ KNEE	☐ R	☐ L	☐ B
☐ TIB-FIB	☐ R	☐ L	☐ B
☐ ANKLE	☐ R	☐ L	☐ B
☐ HEEL	☐ R	☐ L	☐ B
☐ FOOT	☐ R	☐ L	☐ B
☐ TOE	☐ R	☐ L	☐ B

OTHER _____

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