# VCU Health Outpatient Imaging Request

## One Convenient Number!

**Call** to schedule your appointment

**804.628.3580**

**Monday – Friday**
**8 a.m. – 6 p.m.**

**Date:** _____

**Time:** _____

**Please arrive 30 minutes prior to your appointment time** and bring the following information with you:

- This form signed by your referring physician
- Insurance card
- Photo ID (i.e. license, passport)
- Any previous images and reports performed at a non-VCU Health facility including X-rays, DEXAs, mammograms, MRIs, CT scans, and ultrasounds, if available

## Facility Preference:

_____

**Downtown Campus, Stony Point, New Kent, Short Pump Pavilion, Baird Vascular Institute, Adult Outpatient Pavilion**

**When faxing this form, please include a copy of patient's insurance card.**

## Fax: 804.628.3593

☐ **Check here if you'd like the images sent via Life Image**

Medical Records Copy
HM-R-1175 (rev. 07-23)

*DT-ORDER*

**Patient Name:** _____ **Date of Birth:** _____ **Today's Date:** _____

**Patient Phone #:** _____ ***Clinical History:** _____

**Diagnosis Code(s):** _____ _____ _____

**Referring Physician:** _____ **Physician Signature:** _____

**Phone #:** _____

**Check to approve Point of Care Testing necessary to proceed with imaging:**
☐ **Radiology Creatinine (POCT)** ☐ **Radiology Pregnancy Test (POCT)**

**VCU Health Radiology Physicians are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring. Disclaimer/Authorization** ☐ YES ☐ NO

## DIAGNOSTIC X-RAY – NO APPOINTMENT NECESSARY

### ABDOMEN
- ☐ KUB
- ☐ Flat, Erect and PA Chest
- ☐ Decubitus ☐ L ☐ R

### CHEST/RIBS/SINUS
- ☐ PA Chest
- ☐ PA and LAT Chest
- ☐ Ribs unilateral ☐ L ☐ R
- ☐ Ribs unilateral w/ PA chest ☐ L ☐ R
- ☐ Ribs bilateral w/ PA chest
- ☐ Decubitus Chest ☐ L ☐ R
- Sinuses ☐ Complete ☐ Limited ☐ Waters View only
- Skull ☐ Complete ☐ Limited

### SKELETAL
- ☐ Ankle ☐ L ☐ R ☐ Limited ☐ Standing
- ☐ Bone Age
- ☐ Clavicle ☐ L ☐ R
- ☐ Elbow ☐ L ☐ R ☐ Limited
- ☐ Facial Bones ☐ L ☐ R ☐ Limited
- ☐ Femur ☐ L ☐ R
- ☐ Fingers ☐ L ☐ R
- ☐ Foot ☐ L ☐ R ☐ Limited ☐ Standing
- ☐ Forearm ☐ L ☐ R
- ☐ Hand ☐ L ☐ R ☐ Limited
- ☐ Hip ☐ L ☐ R
- ☐ Humerus ☐ L ☐ R
- ☐ Knee ☐ L ☐ R ☐ Limited ☐ Standing
- ☐ Pelvis ☐ L ☐ R ☐ Limited ☐ Standing
- ☐ Shoulder ☐ L ☐ R
- ☐ Tib/Fib ☐ L ☐ R
- ☐ Toes ☐ L ☐ R
- ☐ Wrist ☐ L ☐ R ☐ Limited

### SPINE
- ☐ Cervical ☐ Complete ☐ AP and Lateral Only ☐ Flexion and Extension
- ☐ Lumbar ☐ Complete ☐ AP and Lateral Only ☐ Flexion and Extension
- ☐ Sacrum/Coccyx
- ☐ Scoliosis Survey
- ☐ SI joints ☐ L ☐ R ☐ Limited ☐ Standing
- ☐ Thoracic

OTHER (specify):

## EXAMINATIONS REQUIRING A SCHEDULED APPOINTMENT TIME

### CT SCAN
☐ **w/ IV contrast** ☐ **w/o IV contrast**
☐ **w/wo IV contrast** ☐ **w/ Oral contrast**
- ☐ Abdomen
- ☐ Abdomen/Pelvis
- ☐ Chest
- ☐ CT Urogram (no oral contrast needed)
- ☐ Head
- ☐ Lower Ext. (Area/Joint) _____ ☐ L ☐ R
- ☐ Neck – Soft Tissue
- ☐ Pelvis
- ☐ Renal Stone Protocol
- ☐ Sinuses
- ☐ Spine: ☐ Cervical ☐ Lumbar ☐ Thoracic
- ☐ Upper Ext. (Area/Joint) _____ ☐ L ☐ R
- ☐ Lung Cancer Screening

### CTA:
- ☐ Abdominal Aorta with Run-off
- ☐ Cardiac (CTA) ☐ Calcium Score Only
- ☐ CTA/Location: _____
- ☐ Other: _____

### FLUORO/IVP/HSG
- ☐ Upper GI
- ☐ UGI/Small Bowel Series
- ☐ Small Bowel Series
- ☐ Esophagram/Barium Swallow
- ☐ Video Swallow/CINE
- ☐ Barium Enema
- ☐ Bowel Transit Study
- ☐ IVP
- ☐ VCUG
- ☐ Other: _____

### MRI
**Radiographs for MRI Clearance** ☐ **YES** ☐ **NO**
- ☐ **w/o Gadolinium** ☐ **w/wo Gadolinium** Organ: _____
- ☐ Abdomen
- ☐ Pelvis
- ☐ Enterography
- ☐ Chest (non-cardiac)
- ☐ Breast
- ☐ Head ☐ Brain ☐ Neck ☐ Soft Tissue Neck
- ☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Upper Ext (Area/Joint)_____ ☐ L ☐ R
- ☐ Lower Ext (Area/Joint) _____ ☐ L ☐ R
- ☐ MRA/MRV Location: _____
- ☐ ☐ Cardiac ☐ w/o Gadolinium ☐ w/wo Gadolinium ☐ Stress
- ☐ Other: _____

### NUCLEAR MEDICINE EXAMS
- ☐ Bone Imaging ☐ 3Phase Multi ☐ SPECT ☐ Whole Body
- ☐ Stress Thallium (treadmill or dobutamine) or lexiscan
- ☐ MUGA Scan
- ☐ EKG Treadmill Stress
- ☐ Gallium Scan
- ☐ Gastric Emptying ☐ Solid ☐ Liquid
- ☐ Gastric Reflux (Milk Scan)
- ☐ HIDA Scan ☐ w/CCK
- ☐ Thyroid ☐ Thyroid & Uptake
- ☐ Thyroid Whole Body ☐ Iodine Therapy _____
- ☐ VCUG
- ☐ Renal Scan ☐ w/lasix ☐ w/captopril
- ☐ Renal Flow w_____
- ☐ Liver SPECT (Hemangioma Study)
- ☐ Cisternogram
- ☐ DMSA Scan
- ☐ WBC Labeled Scan (Indium)
- ☐ VQ Scan
- ☐ Other: _____

### PET
- ☐ Tumor Head to Toe
- ☐ Tumor Skull Base to Mid-Thigh
- ☐ Cardiac Metabolism
- ☐ Brain Dementia/Alzheimer's

### ULTRASOUND
- ☐ Abdominal ☐ Abd. RUQ ☐ Abd. Hernia/Appy
- ☐ Pelvic with TV and/or Doppler PRN
- ☐ Bladder
- ☐ Renal/Retroperitoneal
- ☐ Obstetrical ☐ under 14 weeks ☐ over 14 weeks
- ☐ Biophysical Profile
- ☐ Nonvascular EXT ☐ Upper ☐ Lower ☐ L ☐ R
- ☐ Scrotal/Testicular with Doppler PRN
- ☐ Thyroid ☐ FNA
- ☐ Soft Tissue body part _____
- ☐ Hysterosonogram/Pelvis as needed
- ☐ Venous Dop. Ext ☐ Upper ☐ Lower ☐ L ☐ R ☐ Bilat
- ☐ Carotid Doppler ☐ L ☐ R ☐ Bilat
- ☐ Other: _____

**Imaging request forms for:**

**MAMMOGRAPHY,**

**INTERVENTIONAL RADIOLOGY,**

**NONVASCULAR INTERVENTIONAL RADIOLOGY,**

**and MUSCULOSKELETAL PROCEDURES, please visit**

**https://www.vcuhealth.org/services/radiology**