PARTNERS IMAGING
VENICE AND PORT CHARLOTTE

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Patient Name: _____

Patient's Phone: (Home) _____ (Cell or Work) _____

Patient DOB: _____ **Appt. Date / Time:** _____ **Chart Diagnosis Code:** _____

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

Use contrast when indicated but not ordered ❑ Yes ❑ Please Call First

MRI (Venice & Pt. Charlotte)

❑ W/WO Contrast
❑ WO Contrast
Creatinine Level: _____

- ❑ Brain
- ❑ IAC's
- ❑ Orbits
- ❑ Pituitary
- ❑ TMJ
- ❑ Posterior Fossa
- ❑ Neck Soft Tissue
- ❑ C-Spine
- ❑ T-Spine
- ❑ L-Spine
- ❑ Sacrum
- ❑ Coccyx
- ❑ Shoulder ❑ L ❑ R
- ❑ Humerus ❑ L ❑ R
- ❑ Elbow ❑ L ❑ R
- ❑ Forearm ❑ L ❑ R
- ❑ Wrist ❑ L ❑ R
- ❑ Hand ❑ L ❑ R
- ❑ Chest
- ❑ Abdomen
- ❑ MRCP
- ❑ Pelvis
- ❑ Hip ❑ L ❑ R
- ❑ Femur ❑ L ❑ R
- ❑ Knee ❑ L ❑ R
- ❑ Tib/Fib ❑ L ❑ R
- ❑ Ankle ❑ L ❑ R
- ❑ Foot ❑ L ❑ R
- ❑ Other: _____

MRA (Venice & Pt. Charlotte)

- ❑ Abdominal (Venice)
- ❑ Brain (C.O.W. - no contrast) (Venice & PC)
- ❑ Carotids (Venice & PC)
- ❑ Cerebral (Venice & PC)
- ❑ Lower Extremity-Runoffs (Venice & PC)
- ❑ Pelvis (Venice)
- ❑ Renals (Venice)
- ❑ Thoracic (Venice)
- ❑ Upper Extremities (Venice)
- ❑ Other: _____

Ultrasound (Venice)

- ❑ Abdomen Complete
- ❑ Abdomen Limited RUQ (Liver, Gallbladder, Bile Duct, Pancreas)
- ❑ Renal
- ❑ Bladder
- ❑ Pelvic Transabdominal
- ❑ Pelvic Transvaginal
- ❑ Thyroid
- ❑ Testicular
- ❑ Other: _____

Ultrasound (Vascular) (Venice)

- ❑ Aorta
- ❑ Carotids
- ❑ Renal Doppler w/Renal US
- ❑ Venous: Leg: ❑ L ❑ R Arm: ❑ L ❑ R
- ❑ Arterial: Leg: ❑ L ❑ R Arm: ❑ L ❑ R
- ❑ Other: _____

CT with Reconstruction (Venice)

❑ WO Contrast
❑ WITH Contrast
Creatinine Level: _____

- ❑ Abdomen
- ❑ Abd/Pelvis
- ❑ IVU (Abd/Pelvis W/WO)
- ❑ Chest
- ❑ Chest/Abd/Pelvis
- ❑ Renals
- ❑ Pelvis
- ❑ Soft Tissue Neck
- ❑ Enterography
- ❑ Brain
- ❑ Facial Bones
- ❑ Sinuses
- ❑ Orbits
- ❑ Dental Planning
- ❑ Lower Extremity: R / L _____
- ❑ Upper Extremity: R / L _____
- ❑ C-Spine
- ❑ T-Spine
- ❑ L-Spine
- ❑ Other: _____

CTA (CT Angiography) (Venice)

- ❑ Brain
- ❑ Carotids/Vertebrals
- ❑ Chest ❑ R/O PE
- ❑ Abdomen
- ❑ Abdomen w/Runoffs
- ❑ Pelvis
- ❑ Lower Extremities
- ❑ Upper Extremities
- ❑ Other: _____

X-Rays (Venice)

- ❑ Chest (PA & LAT)
- ❑ Abdomen (KUB)
- ❑ IVP
- ❑ Ribs ❑ L ❑ R ❑ Bilat ❑ w/PA Chest
- ❑ Skull
- ❑ Facial Bones
- ❑ Sinuses
- ❑ Orbits
- ❑ Soft Tissue Neck
- ❑ C-Spine
- ❑ T-Spine
- ❑ L-Spine
- ❑ Scoliosis Series
- ❑ Clavicle ❑ L ❑ R
- ❑ Shoulder ❑ L ❑ R
- ❑ Scapula ❑ L ❑ R
- ❑ Humerus ❑ L ❑ R
- ❑ Elbow ❑ L ❑ R
- ❑ Forearm ❑ L ❑ R
- ❑ Wrist ❑ L ❑ R
- ❑ Hand ❑ L ❑ R
- ❑ Bone Age
- ❑ Lumbopelvic
- ❑ Pelvis
- ❑ SI Joints ❑ L ❑ R
- ❑ Sacrum/Coccyx
- ❑ Hip ❑ L ❑ R
- ❑ Femur ❑ L ❑ R
- ❑ Knee ❑ L ❑ R
- ❑ Tib/Fib ❑ L ❑ R
- ❑ Ankle ❑ L ❑ R
- ❑ Foot ❑ L ❑ R
- ❑ Calcaneus ❑ L ❑ R
- ❑ Skeletal Survey
- ❑ Other: _____