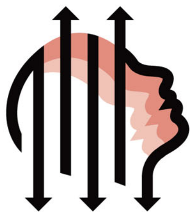

NETWORKradiology

P: 216.291.8480 - F: 216.291.8490

REDUCING COSTS WHILE PROVIDING WORLD CLASS CARE

PATIENT NAME ______________________ D.O.B. ____________ PH ____________ DATE ____________

PHYSICIAN NAME ______________________ PHYSICIAN PH ____________ PHYSICIAN SIGNATURE ____________

REASON FOR EXAM ______________________ INSURANCE ____________

HIGH FIELD MRI 1.5T

WITH CONTRAST ☐ YES ☐ NO

- ☐ BRAIN
- ☐ ORBITS
- ☐ PITUITARY
- ☐ IAC
- ☐ FACE
- ☐ NECK
- ☐ TMJ
- ☐ PITUITARY
- ☐ CERVICAL SPINE ☐ FLEX/EXT
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE ☐ FLEX/EXT
- ☐ CHEST
- ☐ ABDOMEN
- ☐ MRCP
- ☐ PELVIS
- ☐ SHOULDER ☐ R ☐ L
- ☐ UPPER ARM ☐ R ☐ L
- ☐ FOREARM ☐ R ☐ L
- ☐ ELBOW ☐ R ☐ L
- ☐ WRIST ☐ R ☐ L
- ☐ HAND ☐ R ☐ L
- ☐ HIP ☐ R ☐ L
- ☐ LEG ___THIGH ___TIBFIB ☐ R ☐ L
- ☐ KNEE ☐ R ☐ L
- ☐ ANKLE ☐ R ☐ L
- ☐ FOOT ☐ R ☐ L
- ☐ MR ARTHROGRAM ______________
- ☐ TOTAL BODY (STIR)
- ☐ OTHER ______________

MR ANGIOGRAPHY

- ☐ HEAD/BRAIN ANGIO
- ☐ CAROTID & VERTEBRAL ANGIO
- ☐ CHEST ANGIO
- ☐ PELVIS ANGIO
- ☐ ABDOMEN ANGIO
- ☐ LOWER EXTREMITY ANGIO

MULTIDETECTOR CT

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

WITH CONTRAST ☐ YES ☐ NO

- ☐ CHEST
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ CT STONE STUDY
- ☐ HEAD
- ☐ ORBITS
- ☐ IACS
- ☐ TEMPORAL BONES
- ☐ PITUITARY
- ☐ SINUSES
- ☐ LOW DOSE SINUS SURVEY
- ☐ MAXILLOFACIAL
- ☐ SOFT TISSUE NECK
- ☐ MANDIBLE (NON DENTAL)
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ LEG ___FEMUR ___TIBFIB
- ☐ FOOT ☐ R ☐ L
- ☐ SHOULDER ☐ R ☐ L
- ☐ HUMERUS ☐ R ☐ L
- ☐ ELBOW ☐ R ☐ L
- ☐ RADIUS/ULNA ☐ R ☐ L
- ☐ OTHER

CT ANGIOGRAPHY

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

- ☐ AORTA ___CHEST ___ABD/PEL ANGIO
- ☐ PULMONARY ANGIO
- ☐ BRAIN ANGIO
- ☐ NECK/CARTOID ANGIO
- ☐ MESENTERIC ANGIO
- ☐ RENAL ARTERY ANGIO
- ☐ RUNOFF STUDY

CT SCREENING STUDIES

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

- ☐ HEART & LUNG SCREENING
- ☐ CORONARY CALCIUM (HEART) SCREENING
- ☐ PULMONARY NODULE (LUNG) SCREENING
- ☐ DENTASCAN IMPLANT GUIDANCE

ULTRASOUND

- ☐ RIGHT UPPER QUADRANT
- ☐ ABDOMEN
- ☐ PELVIS (TRANSABDOMINAL)
- ☐ TRANSVAGINAL
- ☐ TRANSVAGINAL (BEFORE 12 WKS GESTATION)
- ☐ OBSTETRIC (LEVIL II) ANATOMY
- ☐ OBSTETRIC BIOPHYSICAL PROFILE
- ☐ BREAST
- ☐ THYROID
- ☐ RENAL
- ☐ SCROTUM
- ☐ BLADDER
- ☐ AORTA SCREENING
- ☐ EXTREMITY NON-VASCULAR
- ☐ DUPLEX CAROTID
- ☐ VENOUS EXTREMITY (UPPER) ☐ R ☐ L
- ☐ VENOUS EXTREMITY (LOWER) ☐ R ☐ L
- ☐ HEPATIC VESSELS
- ☐ OTHER ______________

DIGITAL X-RAY

- ☐ CHEST ☐ AP ☐ PA/LAT
- ☐ RIBS ☐ R ☐ L ☐ BILAT
- ☐ SKULL
- ☐ SINUS ☐ NASAL BONES
- ☐ ORBITS ☐ MANDIBLE
- ☐ FACIAL BONES
- ☐ ABD ☐ ERECT ☐ SUPINE
- ☐ THORACIC
- ☐ CERVICAL SP ☐ 2 VIEWS ☐ OBLIQUE ☐ STANDING F/E
- ☐ LUMBAR SP ☐ 2 VIEWS ☐ OBLIQUE ☐ STANDING F/E

	R	L	B
☐ CLAVICLE	☐	☐	☐
☐ SCAPULA	☐	☐	☐
☐ SHOULDER	☐	☐	☐
☐ HUMERUS	☐	☐	☐
☐ ELBOW	☐	☐	☐
☐ WRIST	☐	☐	☐
☐ HAND	☐	☐	☐
☐ HIP	☐	☐	☐
☐ FEMUR	☐	☐	☐
☐ KNEE	☐	☐	☐
☐ LEG: TIB/FIB	☐	☐	☐
☐ ANKLE	☐	☐	☐
☐ FOOT	☐	☐	☐
☐ SCOLIOSIS SERIES	☐	☐	☐

- ☐ OTHER ______________

BRAINARD PLACE MEDICAL CENTER - 29001 CEDAR ROAD - SUITE 100 - LYNDHURST, OHIO 44124
(DIRECTIONS: TAKE EXIT 32 OFF I-271; AT THE CORNER OF BRAINARD & CEDAR ROADS)