

Physician Signature: _____
 Patient Name: _____ Birth date: _____
 Patient Phone #: _____ SSN: _____
 Insurance Carrier: _____ Ins. ID#: _____
 Appt. Date/Time: _____ / _____ Precert #: _____
 Symptoms: _____
 Copy Reports To: _____ Deliver to: _____

If 60 or older **Must have BUN and Creatinine levels for all IV Contrast studies. BUN & Creatinine evaluation available on site at Advanced Radiology.*

**IV Contrast used at the discretion of the radiologist unless otherwise indicated.*

MRI COLUMBIA WT LIMIT 350 lbs
JEFFERSON CITY WT LIMIT 450 lbs

- Contrast w/wo
 Non contrast
- ___ Abdomen
 ___ Brain
 ___ Brain (specify/circle) Pituitary, IAC, Orbits
 ___ Extremity (specify) _____
 ___ Kidneys
 ___ Neck (soft tissue)
 ___ TMJ/Mandible
 ___ MRCP Schedule early morning
 (Magnetic Resonance Cholangiopancreatography)
 ___ Pancreas
 ___ Sacrum (specify reason) _____
 ___ Pelvis for Soft Tissues (uterus, ovaries)w/wo
 ___ Spine Cervical
 ___ Spine Lumbar
 ___ Spine Thoracic
 Other _____

MRA

- ___ Abdomen
 ___ Carotid
 ___ Cerebral
 ___ Renals
 ___ Other (specify) _____

MR ARTHROGRAPHY

- ___ Arthrogram and MRI-Elbow
 ___ Arthrogram and MRI-Hip
 ___ Arthrogram and MRI-Shoulder
 ___ Arthrogram and MRI-Wrist
 ___ Arthrogram and MRI-Knee
 ___ Other (Specify) _____

DEXA

- ___ DEXA ___ BMI (Body Comp Available \$50.00)
 ___ Occult Fracture Assessment



COLUMBIA

Appointment Scheduling:

573-442-1788

Fax Scheduling:

573-442-1789

TAX ID: 820546353

NPI: 1861587149

JEFFERSON CITY

Appointment Scheduling:

573-635-6262

Fax Scheduling:

573-635-9786

TAX ID: 262684612

NPI: 1568621175

CT IMAGING COLUMBIA WT LIMIT 450 lbs
JEFFERSON CITY WT LIMIT 500 lbs

- *BUN & CREATINE testing available on-site*
- IV Contrast Oral Contrast (as needed)
 Non contrast BUN & Creatinine
- Head & Neck**
 ___ Head ___ Temporal Bones
 ___ Orbits ___ Facial Bones
 ___ Sinus (limited)
 ___ Soft Tissue Neck
- Body/Trunk**
 ___ Chest (specify/circle)– **Routine, PE Protocol**
 ___ Non Contrast Chest (Interstitial lung disease)
 ___ Adrenals
 ___ Abdomen & Pelvis
 ___ Stone Protocol
 ___ Abdomen only ___ Pelvis only
 ___ Liver ___ CT Guided Liver Biopsy
 ___ CT Urogram
 ___ Pancreas
- Spine with 3D reconstruct at the discretion of radiologist**
 ___ Cervical ___ Thoracic ___ Lumbar
- Extremity with 3D reconstruct at the discretion of radiologist**
 (Specify) _____
 Other _____

CT ANGIOGRAPHY

- ___ Cardiac CTA
 ___ Head-Circle of Willis
 ___ Neck-Carotid Arteries
 ___ Chest/Abdomen-Aorta
 ___ Abdomen-Renal Arteries
 ___ Aorta-iliofemoral artery runoff

CARDIAC CALCIUM SCORE

- ___ Cardiac Coronary Calcium Scoring

FLUOROSCOPY

- ___ Cystogram
 ___ Hysterosalpingogram
 ___ Small Bowel Follow Thru
 ___ Other (specify) _____

PAIN INTERVENTION

- ___ Level ___ Location ___ Specify _____
 ___ Bursal Injection
 ___ Cervical Epidural
 ___ Epidural Steroid Injection
 ___ Facet Injection
 ___ Facet Radio Frequency Ablation
 ___ Joint Injections; Specify _____
 ___ Myelogram NPO 3hrs. prior
 ___ Neuroforaminal Injections
 ___ Occipital Nerve Blocks
 ___ Pars Defect Injection
 ___ Sacroiliac Epidural
 ___ Vertebroplasty

GENERAL ULTRASOUND

- ___ Abdomen Limited **RUQ**
 (GB, Liver, Pancreas & RT Kidney)
 ___ Abdomen Complete (All Abdominal Organs)
 ___ Breast RT or LT
 ___ Breast Biopsy/Aspiration RT or LT
 ___ Thyroid
 ___ Thyroid Biopsy/Aspiration
 ___ Renal/Bladder
 ___ Bladder only pre and post void
 ___ Scrotal
 ___ Paracentesis
 ___ Thoracentesis
 ___ Extremity Non-Vascular
 ___ Other _____

OB/GYN ULTRASOUND

- ___ Pelvic and Transvaginal
 ___ Pelvic Only
 ___ Transvaginal Only
 ___ OB 1st Trimester (less than 14 weeks)
 ___ OB 2nd/3rd Trimester (greater than 14 weeks)
 ___ Hysterosonography w/pelvic us

VASCULAR ULTRASOUND

- ___ Aorta
 ___ Mesenteric Arteries (Celiac, SMA, IMA)
 ___ Carotid
 ___ Renal Artery Doppler
 ___ ABI/TBI (CPT 93922)
 ___ Arterial Duplex Upper Extremity **RT, LT or Both**
 ___ Arterial Duplex Lower Extremity **RT, LT or Both**
 ___ Venous Doppler Upper Extremity
 (DVT) **RT, LT or Both**
 ___ Venous Doppler Lower Extremity
 (DVT) **RT, LT or Both**
 ___ Non-Invasive Physiological Testing (CPT 93923)

PLAIN FILMS

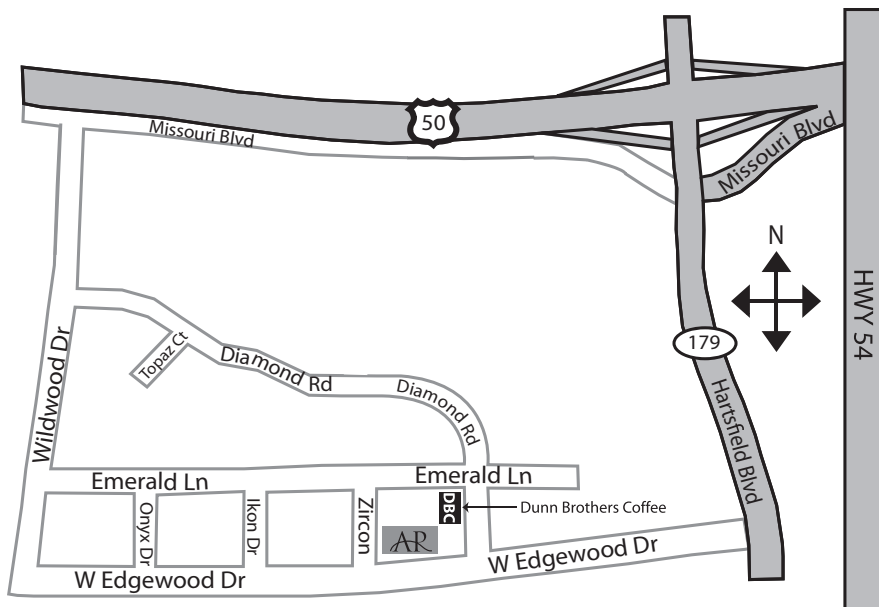
- ___ Abdomen 1 view only (KUB)
 ___ Abdomen 2 views Flat & Upright
 ___ Acute Abdominal Series (1 view chest with 2 views abdomen)
 ___ Bone Survey General
 ___ Bone Survey Metastatic
 ___ Chest PA & LAT
 ___ Extremity (specify) _____ RT or LT
 ___ Bilateral Hip w/Pelvis
 ___ Hip Only RT or LT (2V)
 ___ Pelvis (AP)
 ___ IVP
 ___ Ribs RT or LT or bilateral (3V min ē CXR1V)
 ___ Sacrum & Coccyx (3 views complete)
 ___ Sinus Series
 ___ Skull Series
 ___ Spine Cervical (2 or 3 Views)
 ___ Spine Cervical (4V or 5V)
 ___ Spine Cervical 6 Views w/flexion/extension
 ___ Spine Lumbar (2V or 3V)
 ___ Spine Lumbar 4 Views
 ___ Spine Lumbar 6 Views w/flexion/extension
 ___ Spine Thoracic 2V
 ___ Postural Series T-Spine 2V, L-Spine 2V,
 ___ Pelvis 1V (weight bearing)
 ___ Other _____

****ONLY OFFERED AT COLUMBIA LOCATION**

***PATIENTS TAKING MEDICATIONS - PLEASE CHECK WITH YOUR REFERRING PHYSICIAN**

3218 W. Edgewood, Suite 200 • Jefferson City, MO 65109

Located in the Same Plaza as Dunn Brothers Coffee



Appointment Time

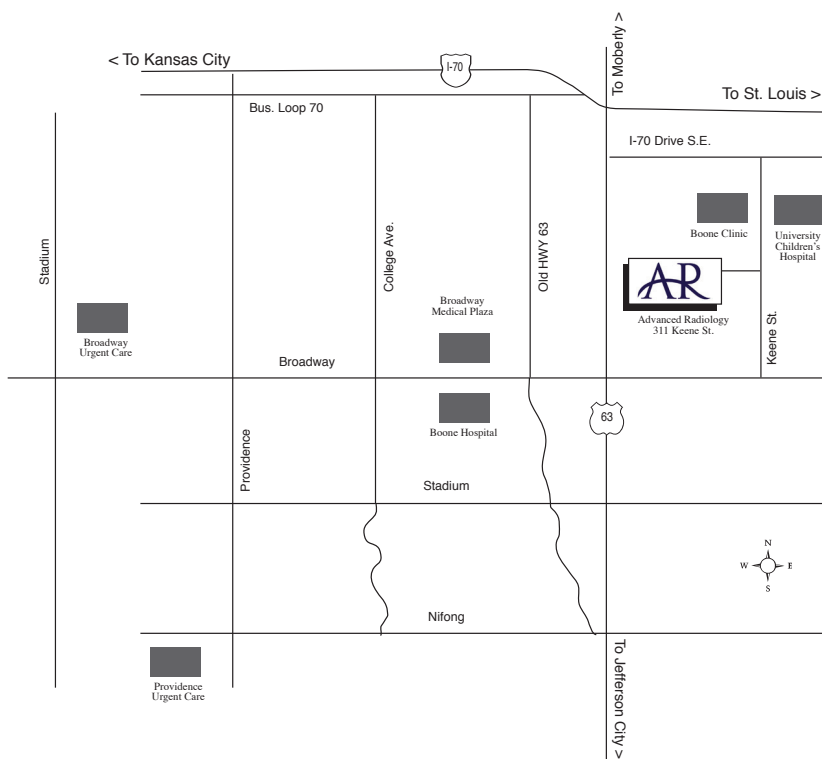
Appointment Time

Phone: 573-635-6262 • Fax: 573-635-9786

***PATIENTS TAKING MEDICATIONS - PLEASE CHECK WITH YOUR REFERRING PHYSICIAN**

311 North Keene Street • Columbia, MO 65201

Located across from University of Missouri Women's and Children's Hospital and behind Boone Clinic.
Look for the **BIG PURPLE SIGN** with Advanced Radiology.



Appointment Time

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Phone: 573-442-1788 • Fax: 573-442-1789