

NEW SUPRIA® PLUS CT SCANNER OUTSTANDING COMFORT AND EXPERIENCE FOR YOUR PATIENTS

Patient Name: _____ Birth date: _____
 Patient Phone #: _____ SSN: _____
 Insurance Carrier: _____ Ins. ID#: _____
 Appt. Date/Time: _____ / _____ Precert #: _____
 Symptoms: _____

Physician Signature

Sign

Print

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

MRI 450 Wt. Limit

- w/ & w/o contrast w/o contrast
- Ankle RT or LT
 Brain
 Brain /attention Pituitary
 Knee RT or LT
 Neck (soft tissue)
 Pelvis/Sacrum for Bone (fracture, tumor, etc.)
 Hip RT or LT
 Shoulder RT or LT
 Spine Cervical
 Spine Lumbar
 Spine Thoracic
 Extremity (specify) RT or LT _____
 Other (Specify) _____

MRA

- Carotid
 Cerebral
 Other(Specfy) _____

CT IMAGING COLUMBIA WT LIMIT 450 lbs

OSAGE & JEFFERSON CITY WT LIMIT 500

**CREATININE testing available on-site*

- IV Contrast Oral Contrast (as needed)
 Non contrast Creatinine

Head & Neck

- Head Temporal Bones
 Orbits Facial Bones
 Sinus (limited)
 Soft Tissue Neck

Body/Trunk

- Chest (circle)– Routine or PE Protocol
 Non Contrast Chest (Interstitial lung disease)
 Adrenals
 Abdomen & Pelvis
 Stone Protocol
 Abdomen only Pelvis only
 Liver
 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

- Chest PE Protocol CPT 71275
 Head-Circle of Willis
 Neck-Carotid Arteries
 Chest/Abdomen-Aorta
 Abdomen-Renal Arteries
 Aorta-iliofemoral artery runoff

CARDIAC CALCIUM SCORE

- Cardiac Coronary Calcium Scoring

GENERAL ULTRASOUND

- Abdomen Limited RUQ
 (GB, Liver, Pancreas & RT Kidney)
 Abdomen Complete (All Abdominal Organs)
 Thyroid
 Renal/Bladder
 Bladder only pre and post void
 Scrotal
 Extremity Non-Vascular
 Other _____

GYN ULTRASOUND

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

VASCULAR ULTRASOUND

- Aorta
 Mesenteric Arteries (Celiac, SMA, IMA)
 Carotid
 Renal Artery Doppler
 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

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 (1V or 2V)
 Pelvis (1V or 2V or 3V)
 IVP
 Ribs RT or LT or bilateral (3V min ē CXR1V)
 Sacrum & Coccyx (3 views complete)
 Sinus Series
 Skull Series
 Spine Cervical (3 Views or Less)
 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
 Spine Thoracic 3 Views
 Postural Series T-Spine 2V, L-Spine 2V,
 Pelvis 1V (weight bearing)
 Other _____



Appointment Scheduling:
573-746-7010
Fax Scheduling:
573-746-7011

OSAGE BEACH