

**Appointment Date & Time** \_\_\_\_\_

- Blue Ridge     Clayton     Knightdale     Wake Forest  
 Cary     Fuquay-Varina     Oberlin  
 Please call patient to schedule     Personal Injury or Medical Lien

T 919-781-1437    F 919-787-4870  
 schedulingteam@raleighrad.com

**Routine** (reports faxed automatically)  
 **Schedule STAT** (No Call Report)  
 **Call STAT Report, patient may leave**  
 Phone # \_\_\_\_\_  
 **Call STAT Report, patient waiting**  
 Phone # \_\_\_\_\_  
 **Send w/ patient**     **CD**  
 **Send by courier**     **CD**

**Patient's Name** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Patient's Phone** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
**Insurance (type)** \_\_\_\_\_ **(Policy #)** \_\_\_\_\_ **Group #** \_\_\_\_\_ **(Authorization #)** \_\_\_\_\_  
**Physician's Name (print)** First Last \_\_\_\_\_ **Practice Name & Address Required** \_\_\_\_\_ **Physician's Signature (No stamps allowed)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Exam requested** \_\_\_\_\_ **Previous related studies?** \_\_\_\_\_ **If so, where?** \_\_\_\_\_  
**Reason for exams/symptoms** \_\_\_\_\_ **Specific protocol needs** \_\_\_\_\_  
*This order authorizes Raleigh Radiology to perform lab procedures on patients as deemed medically necessary.*

**RR to obtain authorization**  
 **Clinical notes attached**  
 **ICD-10 code(s)** \_\_\_\_\_  
 **Clinical Decision Support**  
 ((CDS) Medicare patient)  
 **CDS #** \_\_\_\_\_

**Ultrasound**

- Abdomen     Neonatal Head  
 Aorta     Neonatal Hips  
 Appendix     Neonatal Spine  
 Renal     Pyloric Stenosis  
 RUQ (Liver/Gallbladder)     Thyroid  
 Testicular     FNA (Blue Ridge & Cary)  
 with Doppler evaluation     Cyst Aspiration  
 Pelvis     Breast (Blue Ridge & Cary)  
 with Doppler evaluation     Other \_\_\_\_\_  
 Pelvis with TVP     HSS (LMP \_\_\_\_\_)  
 if indicated     OB (EGA \_\_\_\_\_)  
 with Doppler evaluation     Complete abdominal  
 TVP Pelvis Only    sonogram w/ liver  
 with Doppler evaluation    elastography  
 Pelvis with TVP     Limited abdominal ultrasound  
 with Doppler evaluation    (liver) w/ liver elastography  
 Other \_\_\_\_\_

**X-ray**

- Select if applicable:**     **Left**     **Right**  
 Sinuses     Other \_\_\_\_\_  
 Chest     Spine  
 Ribs     OC     OT     OL  
 Pelvis     Extremity  
 Abdomen KUB    specify \_\_\_\_\_

**Fluoroscopy**

- \*Blue Ridge & Cary*  
 Barium Swallow\*     Barium Enema\*  
 Upper GI\*     IVP  
 Small Bowel\*     HSG\*  
 (LMP \_\_\_\_\_)

**Therapeutic Joint Injection**

- Joint Injection  
 (Arthrogram - refer to specific section CT or MRI)  
 specify \_\_\_\_\_     Left     Right  
 CT Guided Facet Injections  
 Please circle level C T L S  
 CT Guided Epidural Steroid Injections  
 Please circle level C T L S  
 Other \_\_\_\_\_

**CT Lung Screening**

- CT Lung Screening (Asymptomatic)  
 Pack/year history: \_\_\_\_\_  
 Referrer NPI: \_\_\_\_\_  
 Age: 55-77  
 Smoking Status:  
 Current     Former  
 \_\_\_\_\_ # of years since quitting  
*By signing this order, you certify you have completed the shared decision making process with the patient*

**DEXA**

- Bone Density  
 Vertebral fracture assessment performed if indicated

**Large Bore MRI/MRA**

**Please include CREATININE levels and dates for all patients with acute or chronic renal failure, hx of kidney transplant. Lab work is current within 3 months.** Creatinine \_\_\_\_\_ Draw Date \_\_\_\_\_

*We can provide MRI services to patients with MRI compatible Pacemakers and/or defibrillators.*

- Select if applicable:**  
 Right     Left     w/Arthrogram  
 **IV Contrast as medically indicated**     **w/o IV contrast**     **w & w/o IV contrast**     w/ IV contrast

- Brain     Breast MRI     Shoulder     Foot  
 Orbits/Face     Screening     Elbow     MRA Brain  
 Brain w/ IAC     Implant Integrity/Rupture     Wrist     MRA Neck  
 TMJ     Staging     Hand     MRA Aorta  
 Neck (Soft tissue)     Abdomen     Bony Pelvis     MRA Abdomen  
 C-Spine     Enterography     Hip     MRA Run off  
 T-Spine     Pelvis (soft tissue)     Knee     MRV  
 L-Spine     Prostate     Ankle     Other \_\_\_\_\_  
 MRCP

**Vascular Ultrasound**

*Arterial Duplex will be performed w ABI as medically indicated*

- Select if applicable:**     **Left**     **Right**  
 Venous Duplex (Legs/Arms)     Arterial Aorta  
 Venous Reflux (Legs/Arms)     Carotid Duplex  
 Arterial Duplex (Arms)     Renal arteries  
 Arterial Duplex (Legs)     Hepatic/Portal Duplex  
 ABI     SMA/Celiac Duplex  
 Other \_\_\_\_\_

**Nuclear Medicine (Blue Ridge)**

- Thyroid Uptake & Scan     Bone Scan (whole body)  
 Thyroid Scan     Bone Scan (limited bone scan)  
 Thyroid Therapy I-131    Site: \_\_\_\_\_  
 Thyroid Carcinoma     Bone Scan 3 Phase  
 Metastasis Whole Body Scan     Renogram  
 Parathyroid Scan     Renogram with Lasix  
 HIDA Scan Only     Meckels Scan  
 HIDA Scan with CCK     Liver Spleen Scan  
 Gastric Emptying     Breast  
 Rest MUGA    Lymphoscintigraphy

**CT/CTA**

**Please include CREATININE levels and dates for all patients with acute or chronic renal failure, hx of kidney transplant. Lab work is current within 3 months.** Creatinine \_\_\_\_\_ Draw Date \_\_\_\_\_

- Contrast as medically indicated**  
 **w/o contrast**     **w/contrast**     w & w/o contrast

- Brain     Pelvis     CTA Abdomen & Pelvis  
 Facial Bones     Enterography     Pre-stent  
 Orbits     Renal Stone     Post-stent  
 Sinus     Urogram     CTA Runoff  
 CT Sinus for Intraoperative Guidance     C-spine     CTA Runoff (aortic bifurcation to ankles)  
 Specify protocol \_\_\_\_\_     T-spine     CTA Abdomen w/ runoff (diaphragm to ankles)  
 Neck soft tissue     L-spine     CTA Abdomen w/ runoff (Abdominal w/ lower Ext. bilateral)  
 Chest     Extremity     3D     CT Arthrogram  
 Specify \_\_\_\_\_     Left     Right     Left     Right  
 CTA Head     CT Arthrogram  
 CTA Neck     Left     Right  
 CTA Chest     Other  
 Aneurysm    Joint \_\_\_\_\_  
 Pulmonary Embolism

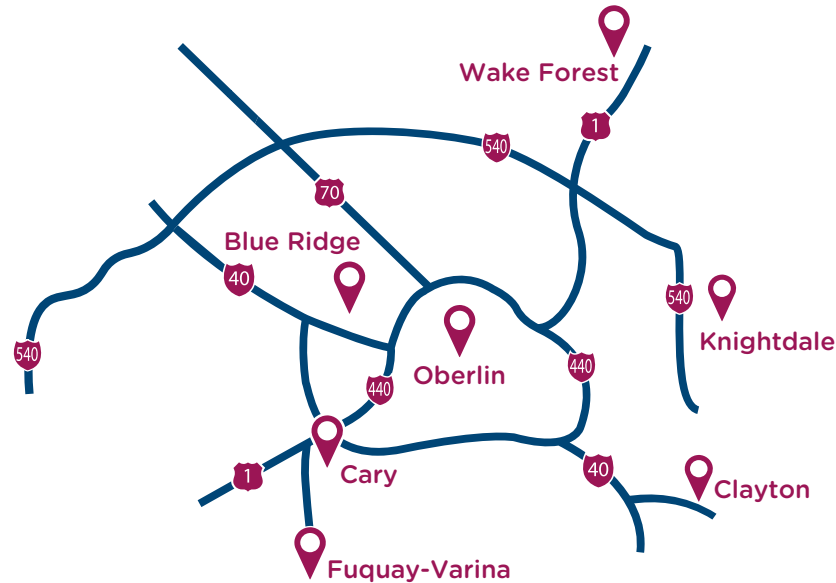
**Breast Imaging**

- Screening Mammo  
 2D     3D  
 Add views and/or US if medically needed  
 Bilateral Diagnostic w/US if medically indicated  
 Unilateral Diagnostic w/US if medically indicated  
 Left     Right  
 Breast Biopsy (Blue Ridge & Cary)  
 Stereotactic  
 Ultrasound Guided  
 Breast Ultrasound  
 Left     Right  
 Area \_\_\_\_\_  
 (with mammogram if medically indicated)



State Of The Art Everything. Straight From The Heart Care.

**SCHEDULING:**  
**PHONE 919.781.1437**  
**FAX 919.787.4870**



**Raleigh Radiology Blue Ridge**

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 Raleigh, NC 27612

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150 Parkway Office Court, Suite 100  
 Cary, NC 27518

**Raleigh Radiology Clayton**

11618 US 70 Business  
 Clayton, NC 27520

**Raleigh Radiology Fuquay-Varina**

601 Attain Street, Suite 100  
 Fuquay-Varina, NC 27526

**Raleigh Radiology Knightdale**

1101 Great Falls Court, Suite 100  
 Knightdale, NC 27545

**Raleigh Radiology Oberlin**

505 Oberlin Road, Suite 110  
 Raleigh, NC 27605

**Raleigh Radiology Wake Forest**

11640 Northpark Drive, Suite 110  
 Wake Forest, NC 27587

	Blue Ridge	Cary	Clayton	Fuquay-Varina	Knightdale	Oberlin	Wake Forest
Bone Density (DEXA)	●	●	●	●	●	●	●
CT	●	●	●	●	●	●	●
Cardiac Calcium CT Scoring	●	●	●		●	●	●
3D Mammography™	●	●	●	●	●	●	●
Fluoroscopy	●	●	●				●
Nuclear Medicine	●						
MRI/MRA	●	●	●	●	●	●	●
Pediatric Imaging	●	●	●	●	●	●	●
Therapeutic Joint Injection	●	●	●				●
Ultrasound	●	●	●	●	●	●	●
Vascular Ultrasound	●	●	●	●	●	●	●
Vascular and Interventional Services and Consultations	●	●					
Varicose and Spider Vein Treatments	●	●					
Walk-in X-Ray	●	●	●	●	●	●	●

● Some Offerings Available    ● CT-guided Facet Joint Injections and CT Guided Epidural Steroid Injections offered at Clayton location

Visit our website to view our current evening and weekend service offerings.

[www.raleighrad.com](http://www.raleighrad.com)