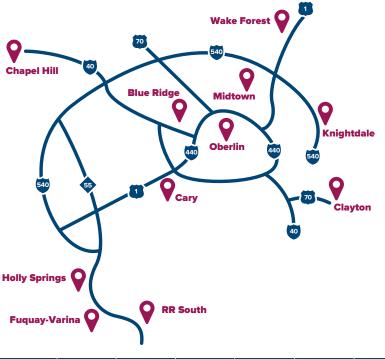


radio	leigh	T 919-781-1437 F 919 ☐ Please call patient to se		schedulingteam@raleighrad.com □ Personal Injury or Medical Lien If STAT, please check □ Fax STAT
Patient's Name	Last	First		Call STAT Report, patient may leave Phone # Call STAT Report, patient waiting
Patient's Phone	Home	Cell	Work	Email Phone #
Insurance (type)	(Poli	cy #) Group #		(Authorization #)
Physician's Name (pr	int) First Last Practice	e Name & Address Required	Physician's Signature (No stamps allowed) Date □ Clinical notes attached □ ICD-10 code(s)	
Exam requested		Previous related studies?		If so, where?
Reason for exams/sys	•	procedures on patients as deemed r	nedically necessar	Specific protocol needs
	Ultrasound	X-ray		Large Bore MRI/MRA
☐ Abdomen ☐ Aorta ☐ Appendix	☐ Neonatal Spine☐ Pyloric Stenosis☐ Thyroid	Select if applicable: Le		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
☐ Renal	☐ FNA Cyst Aspiration ☐ Breast (Blue Ridge & Cary)	☐ Pelvis ☐ Extrei ☐ Abdomen KUB specify	OT OL	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 □ w
Pelvis TA Only Pelvis TVP if indicated TVP Only Check if you want Doppler evaluatio Neonatal Head Neonatal Hips		Fluoroscopy *Blue Ridge & Cary Barium Swallow* Bari Upper GI* IVP Small Bowel* HSC (LM Therapeutic Joint Inj Joint Injection	5* IP)	□ Brain □ Breast MRI □ Shoulder □ Foot □ Orbits/Face □ Screening □ Elbow □ MRA Brain □ Brain w/ IAC □ Implant Integrity/Rupture □ Wrist □ MRA Neck □ TMJ □ Ostaging □ 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 □ Other □ MRCP
Arterial Duplex will be per	formed w ABI as medically indicated	(Arthrogram - refer to specific section specify O L		CT/CTA Breast Imaging
✓ Venous Duplex (Leg✓ Venous Reflux (Leg	s/Arms) Arterial Aorta	☐ CT Guided Epidural Steroid Injections Please circle level C T L S ☐ Other		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
☐ Arterial Duplex (≠☐ ABI☐ Other	→ Hepatic/Portal Duples → SMA/Celiac Duplex	CT Lung Screeni	ng	☐ Contrast as medically indicated ☐ w/o contrast ☐ w/contrast ☐ w & w/o contrast ☐ FAST Breast MRI Screen
Nuclear Thyroid Uptake & Thyroid Scan Thyroid Therapy I- Thyroid Carcinoma	□ Bone Scan 3 Phase y Scan □ Renogram □ Renogram with Lasix □ Meckels Scan CK □ Liver Spleen Scan □ Breast Lymphoscintigraphy Interventiona	O Smoking Status: O Curre # of years since quit By signing this order, you certify y completed the shared decision ma with the patient DEXA Bone Density Full Bo Vertebral fracture assessment perfor	ent OFormer ting ou have aking process ady Scan med if indicated	□ Brain □ Pelvis □ CTA Abdomen & Pelvis □ CTA Runoff □ CTA Runoff □ CTA Runoff □ CTA Runoff □ CTA Abdomen □ CTA Head □ CTA Head □ CTA Chest
PAE (Prostate Artery Em		Port Placement ☐ IVC Filter R Port Removal ☐ Intervention	emoval nal Consultation	Embolism Other (with manimogram in medically indicated)



SCHEDULING: PHONE 919.781.1437 FAX 919.787.4870



	Blue Ridge	Cary	Clayton	Fuquay-Varina	Holly Springs	Knightdale	Midtown	Oberlin	RR South	Wake Forest
Bone Density (DEXA)	•	•	•	•	•	•	•	•		•
СТ	•	•	•	•		•	•	•		•
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 Screening Mammograms	•	•	•	•	•	•	•	•		•
Walk-in X-Ray	•	•	•	•	•	•	•	•	•	•
Whole Body MRI							•			

Some Offerings Available

Services may change. Please call for most current offerings.

Raleigh Radiology Blue Ridge

3200 Blue Ridge Road, Suite 100 Raleigh, NC 27612

Raleigh Radiology Cary

150 Parkway Office Court, Suite 100 Cary, NC 27518

Raleigh Radiology Chapel Hill

120 Banks Drive Chapel Hill, NC 27514 Coming 2024

Raleigh Radiology Clayton

11618 US 70 Business, Suite 102 Clayton, NC 27520

Raleigh Radiology Fuquay-Varina

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

Raleigh Radiology Holly Springs

1060 S. Main Street Holly Springs, NC 27540

Raleigh Radiology Knightdale

1101 Great Falls Court, Suite 100 Knightdale, NC 27545

Raleigh Radiology Midtown

5111 Falls of Neuse Road, Suite 100 Raleigh, NC 27609

Raleigh Radiology Oberlin

505 Oberlin Road, Suite 110 Raleigh, NC 27605

Raleigh Radiology South

400 North Main Street, Suite 150, Fuquay Varina, 27526 Opening April 1, 2024

Raleigh Radiology Wake Forest

11640 Northpark Drive, Suite 110 Wake Forest, NC 27587