



T 919-781-1437 F 919-787-4870

schedulingteam@raleighrad.com

Please call patient to schedule

Personal Injury or Medical Lien

If STAT, please check

- Fax STAT
 Call STAT Report, patient may leave
Phone # _____
 Call STAT Report, patient waiting
Phone # _____

- RR to obtain authorization
 Clinical notes attached
 ICD-10 code(s)

 CDS # _____

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.

Ultrasound

- Abdomen
 Aorta
 Appendix
 Renal
 RUQ (Liver/Gallbladder)
 Testicular
 Pelvis TA Only
 Pelvis TVP if indicated
 TVP Only
 Neonatal Head
 Neonatal Hips
 Neonatal Spine
 Pyloric Stenosis
 Thyroid
 FNA
 Cyst Aspiration
 Breast (Blue Ridge & Cary)
 Other
 OB (EGA)
 Abdominal Sonogram with liver elastography
 Complete
 Limited
 Other

X-ray

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

Fluoroscopy

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

Therapeutic Joint Injection

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

CT Lung Screening

- CT Lung Screening (Asymptomatic)
 Pack/year history (20+): _____
 Referrer NPI: _____
 Age: 50-80
 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
 Full Body Scan
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
 IV Contrast as medically indicated
 w/o IV contrast
 w & w/o IV contrast
 w/ Arthrogram
 w/ IV contrast

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

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
 Facial Bones
 Orbits
 Sinus
 CT Sinus for Intraoperative Guidance
 Neck soft tissue
 Chest
 Abdomen
 Abdomen & Pelvis
 CT Calcium Scoring
 Pelvis
 Enterography
 Renal Stone
 Urogram
 C-spine
 T-spine
 L-spine
 Extremity 3D
 CTA Abdomen & Pelvis
 CTA Head
 CTA Neck
 CTA Chest
 CTA Abdomen w/ runoff
 CTA Arthrogram
 Other

Breast Imaging

- Screening Mammo
 Add views and/or US if medically needed
 FAST Breast MRI Screening
 Bilateral Diagnostic w/US if medically indicated
 Unilateral Diagnostic w/US if medically indicated
 Breast Biopsy
 Breast Ultrasound
 Screening Mammo
 Add views and/or US if medically needed
 FAST Breast MRI Screening
 Bilateral Diagnostic w/US if medically indicated
 Unilateral Diagnostic w/US if medically indicated
 Breast Biopsy
 Breast Ultrasound
 Screening Mammo
 Add views and/or US if medically needed
 FAST Breast MRI Screening
 Bilateral Diagnostic w/US if medically indicated
 Unilateral Diagnostic w/US if medically indicated
 Breast Biopsy
 Breast Ultrasound

Vascular Ultrasound

- Arterial Duplex will be performed w ABI as medically indicated
Select if applicable: Left Right
 Venous Duplex (Legs/Arms)
 Venous Reflux (Legs)
 Arterial Duplex (bilateral legs)
 Arterial Duplex (Arms)
 ABI
 Other
 Arterial Aorta
 Carotid Duplex
 Renal arteries
 Hepatic/Portal Duplex
 SMA/Celiac Duplex

Nuclear Medicine (Blue Ridge)

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

Interventional Procedures

- UFE (Uterine Fibroid Embolization)
 PAE (Prostate Artery Embolization)
 Kyphoplasty
 Sacroplasty
 Port Check
 Port Placement
 Port Removal
 IVC Filter Placement
 IVC Filter Removal
 Interventional Consultation

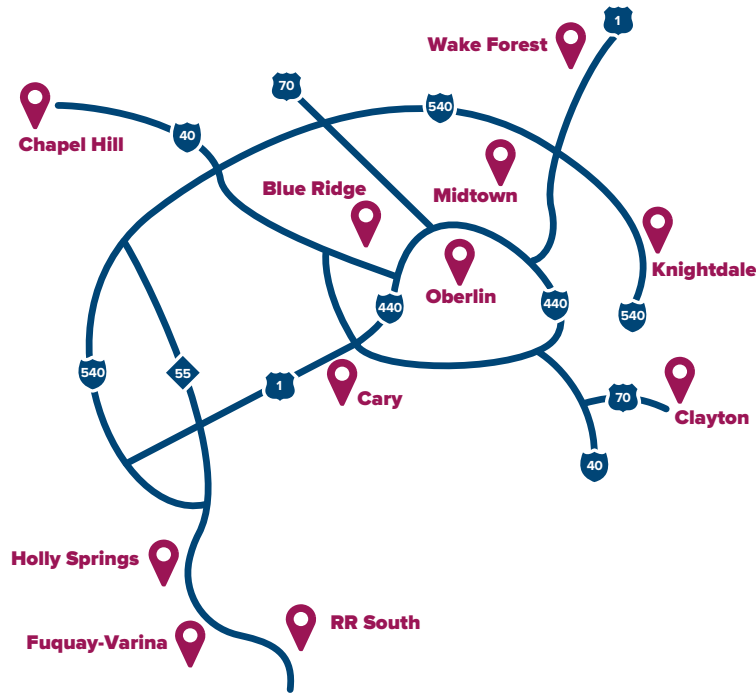


State Of The Art Everything. Straight From The Heart Care.

SCHEDULING:

PHONE 919.781.1437

FAX 919.787.4870



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
Fuquay-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

2400 North Main Street, Suite 150
Fuquay Varina, 27526

Raleigh Radiology Wake Forest

11640 Northpark Drive, Suite 110
Wake Forest, NC 27587

	Blue Ridge	Cary	Clayton	Fuquay-Varina	Holly Springs	Knightdale	Midtown	Oberlin	RR South	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 Screening Mammograms	●	●	●	●	●	●	●	●		●
Walk-in X-Ray	●	●	●	●	●	●	●	●	●	●
Whole Body MRI							●			

● Some Offerings Available

Services may change. Please call for most current offerings.

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