raleigh radiology

T 919-781-1437 *(adult)* 919-322-4538 *(pediatric)* 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 # _____

☐ **Clinical notes attached**
☐ **ICD-10 code(s)**
_____
☐ **CDS #**_____

Patient's Name *Last* *First* *MI* **Birthdate** ____/____/____

Patient/Parent 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
○ with Doppler evaluation
☐ Pelvis TA Only
☐ Pelvis TVP if indicated
☐ TVP Only
○ Check if you want Doppler evaluation
☐ Neonatal Head*
☐ Neonatal Hips
☐ Neonatal Spine*
☐ Pyloric Stenosis
☐ Thyroid
☐ FNA
☐ Cyst Aspiration
☐ Breast *(Blue Ridge & Cary)*
☐ Other _____
☐ HSS (LMP _____)
☐ OB (EGA _____)
☐ Abdominal Sonogram with liver elastography
○ Complete
○ Limited
☐ Other _____

*These exams can be performed at all sites, but may benefit from being done with a pediatric radiologist onsite if under 18.

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)* Site:_____
☐ Bone Scan 3 Phase
☐ Renogram
☐ Renogram with Lasix
☐ Meckels Scan
☐ Liver Spleen Scan
☐ Breast Lymphoscintigraphy

X-ray

Select if applicable: ☐ **Left** ☐ **Right**

☐ Sinuses
☐ Chest
☐ Ribs
☐ Pelvis
☐ Abdomen KUB
☐ Other _____
☐ Spine ○ C ○ T ○ L
☐ 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

Interventional Procedures (Midtown)

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

MRI/MRA: Large Bore, True Open, 3T

Select if applicable:

☐ Right ☐ Left ☐ w/Arthrogram
☐ IV Contrast as medically indicated ☐ w/o IV contrast ☐ w & w/o IV contrast ☐ w/ IV contrast
☐ Open MRI (Knightdale)

☐ 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
☐ Whole Body Screening MRI
☐ 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
Specify protocol
_____
☐ Neck soft tissue
☐ Chest
(CT Lung Screening refer to specific section)
☐ Abdomen
☐ Abdomen & Pelvis
☐ CT Calcium Scoring
☐ Pelvis
☐ Enterography
☐ Renal Stone
☐ Urogram
☐ C-spine
☐ T-spine
☐ L-spine
☐ Extremity ○ 3D ○ Left ○ Right
*Specify*_____
☐ CTA Head
☐ CTA Neck
☐ CTA Chest
○ Aneurysm
○ Pulmonary Embolism
☐ CTA Abdomen & Pelvis
○ Pre-stent
○ Post-stent
☐ CTA Runoff (aortic bifurcation to ankles)
☐ CTA Abdomen w/ runoff (diaphragm to ankles) (Abdominal w/lower Ext, bilateral)
☐ CT Arthrogram ○ Left ○ Right
*Joint*_____
☐ Other _____

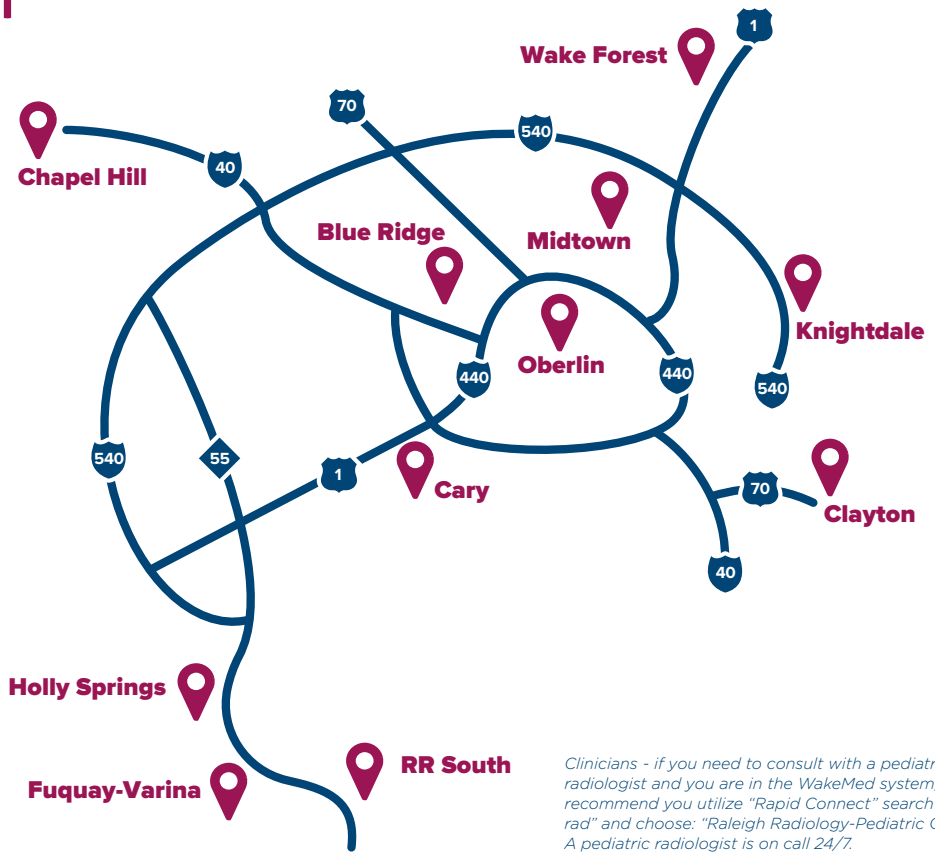
Breast Imaging

☐ Screening Mammo ○ 2D ○ 3D
☐ 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* ○ Left ○ Right
☐ Breast Biopsy
○ Stereotactic
○ Ultrasound Guided
☐ Breast Ultrasound ○ Left ○ Right
Area _____
(with mammogram if medically indicated)

MAY 2025

raleigh radiology

View Our Services by Location



Clinicians - if you need to consult with a pediatric radiologist and you are in the WakeMed system, we recommend you utilize "Rapid Connect" search "ped rad" and choose: "Raleigh Radiology-Pediatric On Call". A pediatric radiologist is on call 24/7.

SCHEDULING:

PHONE **919.781.1437** *(adult)* **919.322.4538** *(pediatric)*

FAX **919.787.4870**

EMAIL **schedulingteam@raleighrad.com**

TAX ID & NPI

Blue Ridge, Cary, Fuquay-Varina, Knightdale:

NPI Number: 1952527343
Tax ID Number: 561465117

Chapel Hill, Clayton, Holly Springs, Midtown, Oberlin, RR South, Wake Forest:

NPI Number: 1821694381
Tax ID Number: 85-4041225

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, Suite 110
Chapel Hill, NC 27514

Raleigh Radiology Clayton
11618 Clayton Boulevard, 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, Suite 110
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