

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**

This order authorizes Raleigh Radiology to perform lab procedures on patients as deemed medically necessary.

**Specific protocol needs**

**Ultrasound X-ray MRI/MRA: Large Bore, True Open, 3T**

**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 \_\_\_\_\_

\*Available at select locations  
 \*\*Available at Cary location only

**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\*  HSG\*  
 Small Bowel\* (LMP \_\_\_\_\_)

**Therapeutic Joint Injection**

Joint Injection  
 (Arthrogram - refer to specific section CT or MRI)  
 specify \_\_\_\_\_  Left  Right  
 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

**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)  Carotid Duplex  
 Arterial Duplex (bilateral legs)  Renal arteries  
 Arterial Duplex (Arms)  Hepatic/Portal Duplex  
 ABI  SMA/Celiac Duplex  
 Other \_\_\_\_\_

**Nuclear Medicine (Blue Ridge)**

Thyroid Uptake & Scan  Bone Scan 3 Phase  
 Thyroid Scan Site: \_\_\_\_\_  
 Parathyroid Scan  Renogram  
 HIDA Scan Only  Renogram with Lasix  
 HIDA Scan with CCK  Meckels Scan  
 Gastric Emptying  Liver Spleen Scan  
 Bone Scan (whole body)  Breast  
 Bone Scan (limited bone scan)  Lymphoscintigraphy  
 Site: \_\_\_\_\_ (sentinel node injection only)

**Interventional Procedures (Midtown)**

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

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

**CT/CTA Breast Imaging**

**For exams requiring IV contrast, a creatinine level within the last 90 days is needed for patients with a history of acute/chronic kidney failure, transplant or diabetes.**  Creatinine \_\_\_\_\_ Draw Date \_\_\_\_\_  
 Raleigh Radiology to obtain iSTAT as medically indicated

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  C-spine  (aortic bifurcation  
 Intraoperative  T-spine  to ankles)  
 Guidance  L-spine  CTA Abdomen  
 Specify protocol  Extremity  3D  w/ runoff  
 Left  Right (diaphragm to ankles)

Neck soft tissue  CTA Head  
 Chest  CTA Neck  
 Abdomen  CTA Chest  CT Arthrogram  
 Abdomen & Pelvis  Aneurysm  Left  Right  
 CT Calcium Scoring  Pulmonary Embolism  Other \_\_\_\_\_  
 Joint \_\_\_\_\_

Screening Mammo  
 w/ add view or diagnostic  
 if indicated  
 FAST Breast MRI  
 Screening  
 Diagnostic Mammo  
 L  R  Bilateral  
 w/ US or biopsy if indicated  
 Breast Biopsy  
 Stereotactic  L  R  
 US-guided cyst aspiration  
 L  R  
 US-guided core biopsy  
 L  R  
 Breast Ultrasound  
 Left  Right  
 Area \_\_\_\_\_  
 (with mammogram if medically  
 indicated)



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**SCHEDULING:**

**PHONE**

**919.781.1437** *(adult)*

**919.322.4538** *(pediatric)*

**FAX**

**919.787.4870**

**EMAIL**

**[schedulingteam@raleighrad.com](mailto:schedulingteam@raleighrad.com)**

**View Our  
Services by  
Location**



**View Our Tax ID  
& NPI Numbers**



*Clinicians-For Pediatric Radiologist consultations within the WakeMed system please utilize "Rapid Connect", search "ped rad" and choose: "Raleigh Radiology-Pediatric On Call". A pediatric radiologist is on call 24/7.*