



* ORDERS *

PT NAME

MR #

Scheduling Office: (402) 763-3400

Scheduling Fax: (402) 763-3183

Patient Name: _____

DOB: _____

Address: _____

Home Ph: _____

Insurance Co.: _____

Policy No.: _____

Authorization/Referral No.: _____

✓ **mark or circle exam**

Radiology

- CXR, PA and Lat
- Abdomen (KUB)
- Abdomen Series
- Cervical Spine
- Thoracic Spine
- L-Spine, 3 views
- L-Spine, 4 views
- Pelvis LT / RT
- Shoulder LT / RT
- Humerus LT / RT
- Elbow LT / RT
- Radius / Ulna LT / RT
- Wrist LT / RT
- Hand LT / RT
- Finger LT / RT
- Femur LT / RT

MR

- Brain
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Abdomen
- MCCP
- Shoulder LT / RT
- Elbow LT / RT
- Wrist LT / RT
- Hip LT / RT
- Knee LT / RT
- Ankle LT / RT
- Upper extremity LT / RT
- Lower extremity LT / RT
- MR post arthrogram
 - Shoulder
 - Hip
- Knee LT / RT
- Tibia / Fibula LT / RT
- Ankle LT / RT
- Foot LT / RT

Nuclear Medicine

- Cardiac
- Thyroid Uptake
- Bone Scan
- HIDA
- RBC Volume
- GI Bleed
- Whole Body w SPECT
- Lung
- Cisternogram
- Renal
- Adrenal
- Lymph

CT

- Head w/out Contrast
- Head with Contrast
- Chest
- Abdomen
- Pelvis
- Sinus
- Facial Bones
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- CTA Cardiac
- CTA Chest
- CTA Abdomen
- CT-guided Biopsy
 - BX Type: _____

Ultrasound

- OB < 14 wks
- OB > 14 wks
- Non-OB pelvis
- Abdomen
- Retroperitoneal
- Renals
- Gallbladder
- Aorta / IVC / Iliacs
- Transvaginal
- Prostate
- Breast LT / RT
- Thyroid
- US-guided Biopsy
 - Breast
 - Prostate
 - Thyroid
 - Liver

Non-Invasive Card/Vascular

- Echo
- Stress Echo
- Dobutamine Stress Echo
- Treadmill
- Holter/Event Monitor
- TEE
- Cardioversion
- Cardiac Rehab
- EKG
- Venous Vasc(DVT) LT / RT
- Arterial Vascular
- Renal Doppler
- Segmental Pressures
- Lt Heart Cath
- Rt Heart Cath

Fluoroscopy

- BE
- Air BE
- UGI / Barium Swallow
- SBS
- Hysterosalpingogram
- Myelogram
 - Cervical
 - Thoracic
 - Lumbar
- Arthrogram
 - Shoulder LT / RT
 - Hip LT / RT
- Cystogram
- VCUg

Mammography

- Screening Mammo
- Diagnostic Mammo
- Unilateral Mammo LT / RT
- Stereo Breast BX LT / RT
- Needle Loc
- DEXA

EEG / EMG

- EEG
- EMG LT / RT
- Nerve Conduction

PFTs

- Complete PFTs
- Flow Volume Loop w MVV
- MIP / MEP
- 6-Minute Walks
- Methacholine Challenge
- TB Testing

Anatomic

- Tissue
 - Source: _____
- Cytology
 - Source: _____

Urine

- Cath Clean
- Urinalysis
- Culture
- Drug Screen
- 24-Hour Urine for:
 - Creatinine
 - Creatinine Clearance
 - Protein

Blood Bank

- Type
- Type & Screen
- Type & Crossmatch
- _____ # of units
- Clot to Hold
- RhoGAM

Coagulation

- PT
- PTT
- PT/PTT
- D-Dimer
- Fibrinogen

Microbiology

- Gram Stain
- Bacterial Culture
- Source: _____
- Giardia antigen
- GC / Chlamydia Probe
- C. Difficile Toxin
- Ova & Parasite
- Rotavirus
- RSV

Organ/Disease Panels

- CBC (WBC, Hgb, Hct, Plt) CBC w/ Diff
- Lytes (Na, K, Cl, CO2)
- Liver Profile (Alb, AST, ALT, Alk Phos, Bili T, Bili D)
- Basic Met Panel (Na, Cl, K, CO2, Glucose, BUN, Creatinine)
- Chem Screen/CMP (Na, K, Cl, CO2, Glucose, BUN, Creatinine, Alb, AST, Alk Phos, Calcium, Protein, Bili T)
- Hepatitis Panel (HAAb, HBsAg, HBsAb, HBCAb, HCAb)
- Lipid Panel (Chol, Trig, HDL, LDL, Chol/HDL ratio)
- Obstetric Panel (CBC w/diff and Plt, HBsAg, Rubella, ABO, RPR, Antibody screen, Blood Group, Rh type, Varicella)
- Triple Screen (AFP, hCG, estriol)

Other: _____

Indication for Exam: _____

ICD-9: _____

Ordering Physician Signature / CE #: _____

Date: _____ Time: _____