Valley Radiology

169 Rawls Road, Angier, NC 27501
Phone: (919) 331-2001
Fax: (919) 331-2003

Appointment Date: _____
Appointment Time: _____
Check In Time: _____

Patient Name: _____ Date of Birth: _____

Patient Daytime Telephone: _____ Physician's name (print): _____

Symptoms / Diagnosis Code: _____ Authorization #: _____

MRI

Contrast
- ❑ Without ❑ With and Without
- ❑ **Radiologist Discretion**

STUDY
- ❑ Head
- ❑ IAC'S ❑ Pituitary ❑ Orbits
- ❑ MVR
- ❑ Soft Tissue Neck
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ TMJ
- ❑ Brachial Plexus
- ❑ MRCP
- ❑ Abdomen
- ❑ Pelvis
- ❑ Extremity _____(specify)
- ❑ MRA ❑ Brain ❑ Carotids ❑ Renals
- ❑ Other _____(specify)

ULTRASOUND
- ❑ Abdomen Aorta
- ❑ Abdomen Complete
- ❑ Abdomen Limited
  - ❑ Appendix ❑ Spleen
  - ❑ Pyloric Stenosis ❑ Hernia
  - ❑ Hepatobillary (Gallbladder)
- ❑ Renal ❑ Renal Doppler
- ❑ Pelvis ❑ Transvaginal if needed
- ❑ Transvaginal
- ❑ OB ❑ Limited ❑ Complete ❑ Transvaginal
- ❑ Carotid
- ❑ Thyroid
- ❑ Scrotum/Scrotal Doppler
- ❑ Breast ❑ R ❑ L ❑ Mammo at Radiologist Discretion

Please note location of lump or mass

_____

- ❑ Venous ❑ R ❑ L ❑ Upper ❑ Lower
- ❑ Lump _____(specify)
- ❑ Other _____(specify)

COMPUTED TOMOGRAPHY

Contrast
- ❑ With
- ❑ Without
- ❑ With and without
- ❑ **Radiologist Discretion**

STUDY
- ❑ Head
- ❑ Orbits
- ❑ Facial Bones
- ❑ Temporal Bones - IAC's
- ❑ Sinuses
- ❑ Soft Tissue Neck
- ❑ Chest
- ❑ Lung Screening (requires LDCT form)
- ❑ Abdomen
- ❑ Pelvis
- ❑ Abdomen/Pelvis
  Specify organ _____
- ❑ Renal Stone
- ❑ Enterography
- ❑ Urogram with 3D
- ❑ Cervical Spine ❑ 3D
- ❑ Thoracic Spine ❑ 3D
- ❑ Lumbar Spine ❑ 3D
- ❑ Extremity _____(specify)
- ❑ Joint _____(specify)
- ❑ CTA Abdomen
- ❑ CTA Head
- ❑ CTA Chest (R/O PE)
- ❑ CTA Chest (Aortic Aneurysm)
- ❑ CTA Carotids
- ❑ CTA Runoff

MAMMOGRAPHY
- ❑ Screening ❑ 3D Tomosynthesis
- ❑ Diagnostic
  - ❑ Bilateral ❑ Right ❑ Left

Please note location of lump or mass

_____

- ❑ Ultrasound at **Radiologist Discretion**

RADIOGRAPHIC EXAMS

No Appointment Necessary
- ❑ Abdomen (KUB)
- ❑ Flat / Upright Abdomen (2 views)
- ❑ Three Way Abdomen
- ❑ Chest (PA / Lateral)
- ❑ Foot ❑ R ❑ L
- ❑ Ankle ❑ R ❑ L
- ❑ Hand ❑ R ❑ L
- ❑ Wrist ❑ R ❑ L
- ❑ Tib / Fib (lower leg) ❑ R ❑ L
- ❑ Femur ❑ R ❑ L
- ❑ Knee ❑ R ❑ L
- ❑ Forearm ❑ R ❑ L
- ❑ Humerus ❑ R ❑ L
- ❑ Elbow ❑ R ❑ L
- ❑ Hip to include pelvis ❑ R ❑ L
- ❑ Shoulder ❑ R ❑ L
- ❑ Clavicle ❑ R ❑ L
- ❑ AC Joints ❑ R ❑ L
- ❑ SI Joints ❑ R ❑ L
- ❑ Ribs w / PA Chest ❑ R ❑ L
- ❑ Pelvis
- ❑ Facial Bones
- ❑ Nasal Bones
- ❑ Orbits
- ❑ Paranasal Sinuses
- ❑ Skull
- ❑ Soft Tissue Neck
- ❑ Scoliosis Series
- ❑ Bone Age Study
- ❑ Thoracic Spine
- ❑ Cervical Spine
- ❑ Lumbar Spine
- ❑ Other _____(specify)

BONE DENSITY (DEXA)
- ❑ Bone Density Test
- ❑ Vertebral Fracture Assessment

❑ STAT

Call Report to Phone #: _____

Fax Report to Fax#: _____

❑ Send CD with Patient

Physician's Signature: _____

PLEASE NOTE (MRI/CT)
Creatinine calculations will be evaluated as needed prior to giving IV contrast to patients.