

One Convenient Number!

Call to schedule your appointment
804.628.3580

Monday – Friday
8 a.m. – 6 p.m.

Date: _____

Time: _____

Please arrive 30 minutes prior to your appointment time and bring the following information with you:

- This form signed by your referring physician
- Insurance card
- Photo ID (i.e. license, passport)
- Any previous images and reports performed at a non-VCU Health facility including X-rays, DEXAs, mammograms, MRIs, CT scans, and ultrasounds, if available

Facility Preference:

Downtown Campus, Stony Point, New Kent, Short Pump Pavilion, Baird Vascular Institute, Adult Outpatient Pavilion

When faxing this form, please include a copy of patient's insurance card.

Fax: 804.628.3593

☐ Check here if you'd like the images sent via Life Image

Medical Records Copy
HM-R-1175 (rev. 03-22)



DT-ORDER

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Patient Phone #: _____ *Clinical History: _____

Diagnosis Code(s): _____

Referring Physician: _____ Physician Signature: _____

Phone #: _____

Check to approve Point of Care Testing necessary to proceed with imaging:

☐ Radiology Creatinine (POCT) ☐ Radiology Pregnancy Test (POCT)

VCU Health Radiology Physicians are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring. Disclaimer/Authorization ☐ YES ☐ NO

DIAGNOSTIC X-RAY – NO APPOINTMENT NECESSARY

ABDOMEN

- ☐ KUB
☐ Flat, Erect and PA Chest
☐ Decubitus ☐ L ☐ R

CHEST/RIBS/SINUS

- ☐ PA Chest
☐ PA and LAT Chest
☐ Ribs unilateral ☐ L ☐ R
☐ Ribs unilateral w/ PA chest ☐ L ☐ R
☐ Ribs bilateral w/ PA chest
☐ Decubitus Chest ☐ L ☐ R
Sinuses ☐ Complete ☐ Limited
☐ Waters View only

- ☐ Skull ☐ Complete ☐ Limited

SKELETAL

- ☐ Ankle ☐ L ☐ R ☐ Limited ☐ Standing
☐ Bone Age
☐ Clavicle ☐ L ☐ R
☐ Elbow ☐ L ☐ R ☐ Limited
☐ Facial Bones ☐ L ☐ R ☐ Limited
☐ Femur ☐ L ☐ R
☐ Fingers ☐ L ☐ R
☐ Foot ☐ L ☐ R ☐ Limited ☐ Standing
☐ Forearm ☐ L ☐ R
☐ Hand ☐ L ☐ R ☐ Limited
☐ Hip ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Knee ☐ L ☐ R ☐ Limited ☐ Standing

- ☐ Pelvis ☐ L ☐ R ☐ Limited ☐ Standing
☐ Shoulder ☐ L ☐ R
☐ Tib/Fib ☐ L ☐ R
☐ Toes ☐ L ☐ R
☐ Wrist ☐ L ☐ R ☐ Limited

SPINE

- ☐ Cervical ☐ Complete
☐ AP and Lateral Only
☐ Flexion and Extension
☐ Lumbar ☐ Complete
☐ AP and Lateral Only
☐ Flexion and Extension
☐ Sacrum/Coccyx
☐ Scoliosis Survey
☐ SI joints ☐ L ☐ R ☐ Limited ☐ Standing
☐ Thoracic

OTHER (specify): _____

EXAMINATIONS REQUIRING A SCHEDULED APPOINTMENT TIME

CT SCAN

- ☐ w/ IV contrast ☐ w/o IV contrast
☐ w/wo IV contrast ☐ w/ Oral contrast
☐ Abdomen
☐ Abdomen/Pelvis
☐ Chest
☐ CT Urogram (no oral contrast needed)
☐ Head
☐ Lower Ext. (Area/Joint) _____ ☐ L ☐ R
☐ Neck – Soft Tissue
☐ Pelvis
☐ Renal Stone Protocol
☐ Sinuses
Spine: ☐ Cervical ☐ Lumbar ☐ Thoracic
☐ Upper Ext. (Area/Joint) _____ ☐ L ☐ R
☐ Lung Cancer Screening

CTA:

- ☐ Abdominal Aorta with Run-off
☐ Cardiac (CTA) ☐ Calcium Score Only
☐ CTA/Location: _____
☐ Other: _____

FLUORO/IVP/HSG

- ☐ Upper GI
☐ UGI/Small Bowel Series
☐ Small Bowel Series
☐ Esophagram/Barium Swallow
☐ Video Swallow/CINE
☐ Barium Enema
☐ Bowel Transit Study
☐ IVP
☐ VCUG
☐ Other: _____

MRI

- Radiographs for MRI Clearance ☐ YES ☐ NO**
☐ w/o Gadolinium ☐ w/wo Gadolinium Organ: _____
☐ Abdomen
☐ Pelvis
☐ Enterography
☐ Chest (non-cardiac)
☐ Breast
☐ Head ☐ Brain ☐ Neck ☐ Soft Tissue Neck
Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Upper Ext (Area/Joint) _____ ☐ L ☐ R
☐ Lower Ext (Area/Joint) _____ ☐ L ☐ R
☐ MRA/MRV Location: _____
☐ Other: _____

NUCLEAR MEDICINE EXAMS

- ☐ Bone Imaging
☐ 3Phase Multi ☐ SPECT ☐ Whole Body
☐ Stress Thallium (treadmill or dobutamine) or Ixiscan
☐ MUGA Scan
☐ EKG Treadmill Stress
☐ Gallium Scan
☐ Gastric Emptying ☐ Solid ☐ Liquid
☐ Gastric Reflux (Milk Scan)
☐ HIDA Scan ☐ w/CCK
☐ Thyroid ☐ Thyroid & Uptake
☐ Thyroid Whole Body
☐ Iodine Therapy
☐ VCUG
☐ Renal Scan ☐ w/Iasix ☐ w/captopril
☐ Renal Flow w
☐ Liver SPECT (Hemangioma Study)
☐ Cisternogram
☐ DMSA Scan
☐ WBC Labeled Scan (Indium)
☐ VQ Scan
☐ Other: _____

PET

- ☐ Tumor Head to Toe
☐ Tumor Skull Base to Mid-Thigh
☐ Cardiac Metabolism
☐ Brain Dementia/Alzheimer's

ULTRASOUND

- ☐ Abdominal ☐ Abd. RUQ ☐ Abd. Herria/Appy
☐ Pelvic with TV and/or Doppler PRN
☐ Bladder
☐ Renal/Retroperitoneal
☐ Obstetrical ☐ under 14 weeks ☐ over 14 weeks
☐ Biophysical Profile
☐ Nonvascular EXT ☐ Upper ☐ Lower ☐ L ☐ R
☐ Scrotal/Testicular with Doppler PRN
☐ Thyroid ☐ FNA
☐ Soft Tissue body part _____
☐ Hysterosonogram/Pelvis as needed
☐ Venous Dop. Ext
☐ Upper ☐ Lower ☐ L ☐ R ☐ Bilat
☐ Carotid Doppler ☐ L ☐ R ☐ Bilat
☐ Other: _____

Imaging request forms for:

MAMMOGRAPHY,

INTERVENTIONAL RADIOLOGY,

NONVASCULAR INTERVENTIONAL RADIOLOGY,

and MUSCULOSKELETAL PROCEDURES, please visit

<https://www.vcuhealth.org/services/radiology>