VCU Health Outpatient Imaging Request

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

Medical Records Copy
HM-R-1175 (rev. 03-25)

DT-ORDER

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

Patient Phone #: _____ ***Clinical History:** _____

Diagnosis Code(s): _____ _____ **Provider Phone #:** _____

Referring Provider: _____ **Physician Signature:** _____

☐ **eGFR is <30 on day of exam**
☐ **w contrast** ☐ **w/o contrast** ☐ **cancel order** ☐ **contact**

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 ☐ Digit: _____
- ☐ 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**
- ☐ 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
- ☐ Maxface
- ☐ Temp Bone
- ☐ Other: _____

CTA:
- ☐ Abdominal Aorta with Run-off
- ☐ Cardiac (CTA) ☐ Calcium Score Only
- ☐ CTA Head ☐ CTA Neck ☐ Perfusion
- ☐ Other: _____

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

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

☐ NUCLEAR MEDICINE EXAMS
- ☐ Bone Imaging ☐ 3Phase Multi ☐ SPECT ☐ Whole Body
- ☐ MUGA Scan
- ☐ Gastric Emptying ☐ Solid ☐ Liquid
- ☐ HIDA Scan ☐ w/CCK
- ☐ Myocardial Function and Perfusion (exercise or lexiscan)
- ☐ Resting Myocardial Perfusion (to be ordered with PET Cardiac Metabolism)
- ☐ Thyroid ☐ Thyroid & Uptake ☐ Thyroid Whole Body ☐ Iodine Therapy _____
- ☐ Renal Scan ☐ w/lasix
- ☐ Cisternogram
- ☐ DMSA Scan
- ☐ WBC Labeled Scan (Indium)
- ☐ VQ Scan
- ☐ Other: _____

PET
- ☐ Tumor Head to Toe
- ☐ Tumor Skull Base to Mid-Thigh
- ☐ Brain Metabolism (FDG) ☐ Brain Beta Amyloid
- ☐ Pet Whole Body PSMA ☐ Cardiac Metabolism (Sarcoid)

ULTRASOUND
- ☐ Abdominal ☐ Abd. RUQ ☐ Abd. Hernia/Appy
- ☐ Pelvic with TV and/or Doppler PRN
- ☐ Bladder
- ☐ Renal/Retroperitoneal
- ☐ Nonvascular EXT ☐ Upper ☐ Lower ☐ L ☐ R
- ☐ Scrotal/Testicular with Doppler PRN
- ☐ Thyroid ☐ FNA
- ☐ Soft Tissue body part _____
- ☐ Hysterosonogram/Pelvis as needed
- ☐ Arterial Duplex Ext ☐ Upper ☐ Lower ☐ L ☐ R ☐ Bilat
- ☐ 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