



ORDER FOR OUTPATIENT RADIOLOGY
To Schedule call 858-4090
Fax to 350-3862

Appt date/time

Facility where service to be provided: _____

Patient full name(Last, first, middle initial) _____ **DOB** ___/___/___

Signs and symptoms: _____ **SS#:** ___ - ___ - ___

ICD9 required _____ **Gender** M _____ F _____

Independent Practitioner-MD/DO, PA, ARNP(printed name) _____

Independent Practitioner signature(no stamped signature) _____ **Date & time order written** ___/___/___

Requisition completed by: _____ **Date & time order written** ___/___/___

Comments or special instructions: _____

STAT **Call results to** _____ **Fax results to** _____

RADIOLOGY by appointment only	ICD-9 CODE	RADIOLOGY by appointment only	ICD-9 CODE	NUCLEAR MEDICINE by appointment only	ICD-9 CODE
Abdomen (KUB)		Upper GI (Stomach)		Limited Area Bone Scan:	
Abdominal Series (sup, upr & PA chest)		UGI with Air Contrast		Thyroid Scan	
Ankle L R		IVP		Thyroid Uptake	
Clavicle		Voiding Cystogram		V/Q Lung Scan	
Cervical Spine		Other:		Whole Body Lung Scan	
Chest (Pa and Lat)		Other:		3-Phase Bone Scan	
Elbow L R		MAMMOGRAPHY by appointment only		ULTRASOUND by appointment only	
Facial Bones					
Femur L R		E. Harry only		Abdomen	
Foot L R		Breast Ultrasound (if necessary)		RUQ (Gallbladder, Liver, Pancreas)	
Forearm L R		Diagnostic Bil Uni L R		Kidney/Renal	
Hand L R		Screening		Pregnancy	
Hip L R		BONE MINERAL DENSITY by appointment only		BPP	
Humerus L R				Fetal Cord Doppler	
Knee L R		DEXA		Pelvic, Non-OB	
Lumbar Spine		CT SCAN by appointment only		Transvaginal (if necessary)	
Panorex Mandible				Carotid Duplex	
Ribs L R		CT Abd & Pelvis		Lower Extremity	
Shoulder L R		CT Brain		<input type="checkbox"/> Arterial with ABI <input type="checkbox"/> Venous L R	
Sinuses		CT Chest		Upper Extremity	
T-Spine		CT Pelvis		<input type="checkbox"/> Arterial <input type="checkbox"/> Venous L R	
Wrist		CT Spine, Levels:		Thyroid	
Other:		CTA Specify:		Scrotum	
		<input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast		Breast L R	
Barium Enema (colon)		Other:		Other:	
BE air contrast					
Esophagus (Barium Swallow)		VASCULAR PROCEDURES by appointment only			
Modified Barium Swallow with Speech Therapy (Swallow Function Study)			Arteriogram:		
		Discogram:			
Myelogram, Specify Area		Kyphoplasty/ Vertebroplasty:			
Small Bowel Follow Through		Other:			

VC3734 06/11

Via Christi Hospitals

929 N St Francis
Wichita, KS 67214
316-268-5470

3600 E Harry
Wichita, KS 67218
316-689-6468

