



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	NUCLEAR MEDICINE by appointment only	ICD-9 CODE	ULTRASOUND by appointment only	ICD-9 CODE
Abdomen (KUB)		Limited Area Bone Scan:		Abdomen	
Abdominal Series (sup, upr & PA chest)		Thyroid Scan		RUQ (Gallbladder, Liver, Pancreas)	
Ankle L R		Thyroid Uptake		Kidney/Renal	
Clavicle		V/Q Lung Scan		Pregnancy	
Cervical Spine		Whole Body Lung Scan		BPP	
Chest (Pa and Lat)		3-Phase Bone Scan		Fetal Cord Doppler	
Elbow L R		MRI by appointment only		Pelvic, Non-OB	
Facial Bones			Transvaginal (if necessary)		
Femur L R		Abdomen		Carotid Duplex	
Foot L R		Orbit, Neck, Face		Lower Extremity	
Forearm L R		Brain		<input type="checkbox"/> Arterial with ABI <input type="checkbox"/> Venous L R	
Hand L R		Chest		Upper Extremity	
Hip L R		Cervical Spine		<input type="checkbox"/> Arterial <input type="checkbox"/> Venous L R	
Humerus L R		Thoracic Spine		Thyroid	
Knee L R		Lumbar Spine		Scrotum	
Lumbar Spine		Pelvis		Other:	
Ribs L R		Extremity (Specify):			
Soft Tissue Neck		L R			
Shoulder L R		MRA Brain			
Sinuses		MRA Neck			
T-Spine		MRA Renals			
Wrist		MRA Abdomen			
Other:		MRA Pelvis			
CT SCAN by appointment only		<input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast			
CT Abd & Pelvis					
CT Brain					
CT Chest					
CT Pelvis					
CT Spine, Levels:					
CTA Specify:					
<input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast					
Other:					

VC3743 07/11

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