Advanced Imaging
Columbus Regional Health Network

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Patient Information

Last Name: _____ First Name:_____ M.I._____

DOB:_____ Phone:_____ Date of Exam:_____

Physician's Signature:_____ Wet Read:_____

Physician Signature Date:_____

REFERRING PHYSICIAN REQUEST FORM

PATIENT MUST HAVE THIS FORM TO RECEIVE EXAM

X-Ray		ICD 10	Diagnosis
Abdomen (KUB)			
Abdomen (Flat/Erect)			
AC Joints			
Ankle	RT____ LT____		
C-Spine AP/LAT			
C-Spine Series			
C-Spine with FLEX/EXT			
Chest (1 View)			
Chest (2 Views)			
Clavicle	RT____ LT____		
Elbow	RT____ LT____		
Facial Bones			
Femur	RT____ LT____		
Fingers	RT____ LT____		
Foot	RT____ LT____		
Forearm	RT____ LT____		
Hand	RT____ LT____		
Heel (Calcaneous)	RT____ LT____		
Hip	RT____ LT____		
Humerus	RT____ LT____		
Knee	RT____ LT____		
L-Spine AP/LAT			
L-Spine Series			
L-Spine with FLEX/EXT			
Mandible			
Nasal Bones			
Neck, Soft Tissue			
Orbits / Foreign Body			
Pelvis AP			
Ribs	RT____ LT____		
Sacroiliac Joint			
Sacrum/Coccyx			
Scapula	RT____ LT____		
Scoliosis Series			
Shoulder	RT____ LT____		
Sinus Series			
Skull Series			
Sternum			
Thoracic Spine			
Tibia-Fibula	RT____ LT____		
Toes	RT____ LT____		
Wrist	RT____ LT____		

Ultrasound		ICD 10	Diagnosis
Breast	RT____ LT____		
Carotid Duplex			
Abdomen			
OB			
Biophysical Profile			
Pelvis			
Renal / Aorta			
Scrotum			
Thyroid			
Renal Artery Doppler			
Venous Dupplex ARM			
Venous Duplex LEG	RT____ LT____		
Pelvis: Transvaginal	RT____ LT____		

Unlisted Exam		ICD 10	Diagnosis