THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Radiology
4000 Cambridge Street
Kansas City, Kansas 66160

ORDER

Name:_____

DOB:_____

MR#_____

Radiology Order Form

Radiology Scheduling: Phone 913-588-6804 Fax 913-588-7872

Patient Name: _____DOB: ____/____/____ Phone Number_____
ICD-10 code(s): _____Last 30 Day Creatinine Value (CT / MRI): _____Date: ___/___/____
Ordering Provider_____Phone: _____
Reason for Exam(s)_____
Instructions/Comments: _____
Ordering Provider Signature: _____Date____/____/____

Radiology Scheduling to contact patient for appointment __ Yes or __No

General Radiology

- ☐ Chest
- ☐ Abdomen/KUH
- ☐ Metastatic Survey
- ☐ Bone Age
- ☐ Panorex
- ☐ Ribs
  __RT __LT __Bilat.
- ☐ Spine
  __C __T __L
- ☐ Sacrum Coccyx
- ☐ Scoliosis
  __AP __Lat. __Survey
- ☐ Pelvis
- ☐ Pelvis w/ Hip
  __RT __LT __Bilat.
- ☐ Hip
  __RT __LT __Bilat.
- ☐ Upper Extremity
  __RT __LT __Bilat.

  (Site) _____
- ☐ Lower Extremity
  __RT __LT __Bilat.

  (Site) _____
- ☐ Urethrocysogram
  __Voiding __Retro
- ☐ Esophagus
- ☐ Colon
  __Single Contrast
  __Double Contrast
- ☐ UGI
- ☐ UGI w/ Small Bowel
- ☐ Small Bowel
- ☐ Arthrogram
  __RT __LT __Bilat.
  __CT __MRI

  (Site) _____
- ☐ HSG
- ☐ Other_____

Breast Imaging

- ☐ Screening Mammogram
- ☐ Diagnostic Mammogram
  __RT __LT __Bilat.
- ☐ Breast Ultrasound
  __RT __LT __Bilat.
- ☐ Breast Biopsy
  __Stereo __Ultrasound
- ☐ Supplemental Breast Ultrasound Screening
- ☐ Other_____

Ultrasound

- ☐ Abdomen
- ☐ AAA screening
- ☐ Abdominal Doppler
  __Liver __SMA /Celiac
- ☐ Pelvis & Transvaginal
- ☐ Pelvis Transabdominal Only
- ☐ Renal
- ☐ Renal w/ Doppler
- ☐ Scrotum
- ☐ Thyroid
- ☐ Head/Neck
- ☐ MSK extremity
  __RT __LT __Bilat.

  (Site)_____
- ☐ Lower Ext Color Doppler Venous
  __RT __LT __Bilat.
- ☐ Upper Ext Color Doppler Venous
  __RT __LT __Bilat.
- ☐ Doppler Carotid
- ☐ Other_____

Non-Invasive Ultrasound

- ☐ Upper Extremity PVR
- ☐ Lower Extremity PVR
- ☐ ABI
- ☐ Allen's Test
- ☐ Raynauds
- ☐ Thoracic Outlet
- ☐ Other_____

Nuclear Medicine

- ☐ Thyroid Uptake
- ☐ Thyroid Scan
- ☐ Thyroid Cancer RX
- ☐ Thyroid Hyperthyroid RX
- ☐ Brain Spect
- ☐ Brain Spect (DaTscan)
- ☐ Parathyroid Scan
- ☐ Renal Function w/ Lasix
- ☐ Renal Function w/ ACE
- ☐ VQ Lung Scan
- ☐ RVG (MUGA)
- ☐ Liver/ Spleen Scan
- ☐ Hepatobiliary Scan w/ CCK
- ☐ 3 Phase Bone Scan
- ☐ Whole Body Bone Scan
- ☐ Bone SPECT
- ☐ WBC Imaging
- ☐ Gallium WB Scan
  __MIBG __ Octreotid
  __Prostascint
- ☐ Other _____

CT

Please Select Contrast & Exam

___With Contrast

___Without Contrast

___Both

- ☐ Maxifacial
- ☐ Sinus
- ☐ Orbits
- ☐ IAC
- ☐ Head
- ☐ Cervical Spine
- ☐ Lumbar Spine
- ☐ Thoracic Spine
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Upper Extremity
  __RT __LT __Bilat.
- ☐ Lower Extremity
  __RT __LT __Bilat.
- ☐ Calcium Scoring

Performed at Main Hospital Only

- ☐ CTA Head
- ☐ CTA Neck
- ☐ CTA Chest PE
- ☐ CTA Chest Dissection
- ☐ CTA Abdomen
- ☐ CTA Pelvis
- ☐ CTA Upper Extremity
  __RT __LT __Bilat.
- ☐ CTA Lower Extremity
  __RT __LT __Bilat.
- ☐ Other_____

PET/CT

- ☐ PET Brain Metabolism/Perfusion
- ☐ PET Heart Metabolism/ Perfusion
- ☐ PET Tumor Metabolism
- ☐ PET Neuroendocrine (DOTATATE)

MRI

Please Select Contrast & Exam

___With Contrast

___Without Contrast

___Both

- ☐ Head
- ☐ Orbits
- ☐ Neck
- ☐ Chest
- ☐ Spine
  __C __T __L
  __Sacrum Coccyx
- ☐ Abdomen
- ☐ Cardiac
- ☐ Pelvis
- ☐ Upper Extremity
  __RT __LT __Bilat.
- ☐ Lower Extremity
  __RT __LT __Bilat.
- ☐ Upper Extremity Joint
  __RT __LT __Bilat.
- ☐ Lower Extremity Joint
  __RT __LT __Bilat.
- ☐ Enterography
- ☐ MRA Head
- ☐ MRA Neck
- ☐ MRA Chest
- ☐ MRA Abdomen
- ☐ MRA Pelvis
- ☐ MRA Upper Ext.
  __RT __LT __Bilat.
- ☐ MRA Lower Ext.
  __RT __LT __Bilat.
- ☐ Breast
  __RT __LT __Bilat.
- ☐ Breast Biopsy
  __RT __LT __Bilat.
- ☐ MRCP
- ☐ Other _____

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