

# Requisition / Order Instructions



Please bring this form and your insurance card(s) with you 15 minutes prior to your diagnostic exam. If you arrive 15 minutes past your scheduled appointment it may be necessary to reschedule your exam.

2104 Cedarwood Drive, Suite 100  
Muscatine, Iowa 52761  
563-263-3400 • 563-263-3311 (fax)

Patient Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Patient Birthdate: \_\_\_\_\_ Appointment Date: - \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ a.m. p.m.  
 (circle one)

Call report: \_\_\_\_\_ (pager/phone #)  Patient needs to speak with physician before leaving  Patient may leave after exam  Patient should return to physicians office  
 Radiologist may change exam if necessary

Physicians Signature / Print Dr. Name: \_\_\_\_\_ Date: \_\_\_\_\_

HISTORY and SYMPTOMS: \_\_\_\_\_

Muscatine Radiology to Schedule ( ) Y ( ) N Phone #:

Diagnostic study needed: Check specific exam See more options and prep instructions on the back of this form.

MRI * / **	CT **	PLAIN FILM X-RAY	ULTRASOUND
<b>Brain</b> (routine) (IAC) (cranial nerves) (pituitary) wo or w/wo contrast - 70551,53	<b>Head</b> (brain) wo or w/wo contrast- 70450,70	<b>ABDOMEN</b>	<b>Abdomen:</b>
<b>Head</b> (orbits) (face) wo or w/wo contrast - 70540,43	<b>Face</b> ( sinus) (maxillofacial) wo or w contrast- 70486,87	<b>Flat &amp; Upright</b>	<b>Abdomen complete</b> (see back)
<b>Neck</b> (soft tissue throat) (brachial plexus ) wo or w/wo contrast- 70540, 43	<b>Skull</b> (temporal bone) (orbits) wo or w contrast- 70480,81	<b>KUB</b>	<b>Gallbladder/RUQ</b> (see back)
<b>Spine</b> (cervical) wo or w/wo contrast - 72141,56	<b>Neck</b> (soft tissue neck) wo , w or w/wo contrast -70490,91,92	<b>UPPER EXT</b>	<b>Aorta</b> (see back)
(thoracic) wo or w/wo contrast -72146, 57	<b>Chest</b> (routine) wo or w contrast- 71250,60	<b>Clavicle</b> R L	<b>Single Organ OR Quadrant</b>
(lumbar) wo or w.wo contrast- 72148, 58	(PE) w contrast- 71260,	<b>AC Joints (Bilateral)</b>	<b>Appendix</b>
<b>Upper Joints</b> (shoulder) (elbow) (wrist) (finger/thumb) wo or w/wo contrast- 73221,23 R L	<b>Abd/Pelvis</b> (routine) (stone) wo, w/contrast or w/wo contrast- 74176,77,78	<b>Scapula</b> R L	<b>Hernia</b>
(shoulder arthrogram) w contrast -73222 R L	<b>Abd only</b> wo, w/contrast or w/wo contrast- 74150,60,70	<b>Shoulder</b> R L	<b>Kidney/Renal</b> w/o or w/dopplers (please circle)
(wrist arthrogram) w contrast -73222 R L	<b>Pelvis only</b> wo or w/contrast- 72192,93	<b>Humerus</b> R L	<b>Small Parts:</b>
<b>Upper Ext.</b> ( humerus) (forearm) (hand) wo or w/wo contrast – 73218,20 R L	<b>CT IVP</b> wo/wcontrast- 74178	<b>Elbow</b> R L	<b>Breast</b> R L
<b>Lower Joints</b> (hip) (knee) (ankle) wo or w/wo contrast- 73721, 23 R L	<b>Spine</b> (cervical) wo or w/contrast-72125,26	<b>Forearm</b> R L	<b>Thyroid</b>
(hip arthrogram) w contrast- 73722 R L	(thoracic) wo or w/contrast- 72128,29	<b>Wrist</b> R L	<b>Scrotum</b>
<b>Lower Ext.</b> (femur) (tib/fib) (foot/toes) wo or w/wo contrast- 73720,19 R L	(lumbar) wo or w/contrast 72131,32	<b>Hand</b> R L	<input type="checkbox"/> w/dopplers if medically necessary
<b>Pelvis</b> (female) (bone) (other-specify) wo or w/wo contrast- 72195, 97	<b>Upper Ext.</b> (shoulder) (humerus) (elbow) (forearm) (wrist) (hand) wo or w/contrast- 73200,01 R L	<b>Finger</b> R L	<b>Non-Vasc Ext</b> R L
	<b>Lower Ext.</b> ( hip) ( femur) (knee) (tib/fib) (ankle) (foot/toes) wo or w/contrast 73700,01 R L	<b>LOWER EXT</b>	<b>OB/GYN: (see back)</b>
	<b>Pain Injections</b> (ESI lumbar)- 62311, (SNR or root block lumbar specify level)- 64483	<b>Femur</b> R L	
	(Shoulder)-20610,20605 (hip)-20610,20605	<b>Knee</b> R L	<b>EDD or LMP:</b> _____
<b>MRA * / **</b>	(SI Joint specify right, left or bilat) – 27096 R L	<b>Tibia/Fibula</b> R L	<b>OB Transvaginal</b> (1-9 wks)
<b>Head</b> (circle of willis) wo or w/wo contrast – 70544,46	<b>Other</b>	<b>Ankle</b> R L	<b>OB Transabdominal</b> (10-13wks)
<b>Neck</b> (carotids) w/wo contrast- 70549		<b>Foot</b> R L	<b>OB, Complete</b> (20 wks)
		<b>Toe</b> R L	<b>OB Follow-up</b> (same pregnancy, s/p, 20 wks, complete U/S)
		<b>Heel</b> R L	<b>OB Limited</b> (Please choose: cervical length, AFI, or placenta)
		<b>PEDIATRICS</b>	<b>OB Limited</b> (Please choose: cervical length, AFI, or placenta)
		<b>Upper Ext.</b> (< 12 months) R L	<b>Biophysical profile</b>
		<b>Lower Ext.</b> (< 12 months) R L	<b>Pelvic (non-OB)</b>
		<b>Foreign Body, 1V</b> nose to rectum <input type="checkbox"/> w/dopplers if medically necessary	<b>Hysterosonogram (SIS)</b>
		<b>Pelvis Hips, 2 min</b> (infant or child)	(w/ Pelvic U/S)
		<b>Bone Age</b>	<b>Hysterosonogram (SIS) only</b>
		<b>HEAD</b>	
		<b>Orbits for foreign body</b>	<b>Vascular:</b>
		<b>Nasal bones</b>	<b>Carotid duplex - Bilateral</b>
		<b>CHEST</b>	<b>Upper extremity venous duplex - Bilateral</b>
<b>MAMMOGRAPHY</b>	<b>OTHER / SPECIAL REQUESTS</b>	<b>Chest PA &amp; Lat</b>	<b>Upper extremity venous duplex - Unilateral R L</b>
Screening		<b>Chest PA</b>	<b>Lower extremity venous duplex - Bilateral</b>
Implants Y N		<b>Ribs, (inc PA Chest) R L (bilat)</b>	<b>Lower extremity venous duplex - Unilateral R L</b>
Diagnostic		<b>Ribs, bil</b>	<b>Lower extremity venous duplex - Bilateral</b>
Bilateral		<b>SPINE &amp; PELVIS</b>	<b>Lower extremity venous duplex - Unilateral R L</b>
Unilateral Y N		<b>Cervical, 2/3V</b>	
____ Breast U/S (if indicated)		<b>Thoracic</b>	
		<b>Lumbo-sacral</b>	
<b>BONE DENSITY</b>		<b>Scoliosis AP Thoracolumbar</b>	<b>Infant Hips (Breech)</b>
<b>DEXA</b>		<b>Pelvis</b>	
		<b>Hip R L</b>	
		<b>Sacrum/Coccyx</b>	

\*Orbits for foreign body is included with this exam, if indicated. \*\*Creatinine lab test will be included with these exams, if indicated. Revised 6-18

## Prep Instructions:

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### ULTRASOUND

#### GALLBLADDER / Abdomen Complete / Aorta / Liver

NPO (no food or drink, including gum or smoking) 8 hours prior to exam.

#### RENAL / KIDNEY

One hour prior to exam, empty your bladder and then immediately drink 20 ounces of water.

-DO NOT empty your bladder after drinking. Arrive to your appointment with a full bladder.

#### OB/PELVIC EXAM The following conditions require a full bladder:

- Pregnant state with a gestational age of 22 weeks.
  - Fibroids.
- a. Empty your bladder one hour prior to exam.
  - b. Immediately drink 16 ounces of water in one sitting (do not stretch water consumption throughout the hour).
  - c. Do not empty your bladder (the ultrasonographer will give you time during or following the exam to empty your bladder).

### OB EXAMS

In order to have adequate time to view your child during your ultrasound exam, please arrive on time for your appointment. We ask that you check in 15 minutes prior to your exam for registration purposes.

For safety reasons, children accompanying a parent or other adult to an appointment may not be in the room during the medical portion of the exam, or left unattended in the waiting area.

### Prep CT/MRI

See website for prep instructions. [www.muscatinerradiology.com](http://www.muscatinerradiology.com) for Muscatine.  
([www.corridorradiology.com](http://www.corridorradiology.com))

#### Muscatine Radiology, PC

2104 Cedarwood Dr.

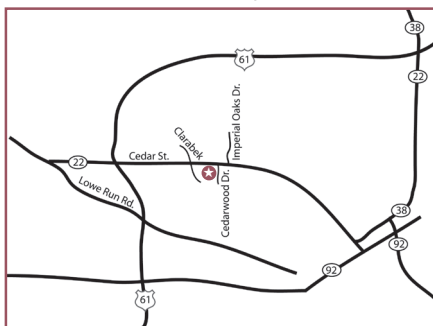
Suite 100

Muscatine, Iowa 52761

563-263-3400

563-263-3311 fax

Hours: M-F 8 am-5 pm



Please bring any previous exams from outside facilities related to your exam.