Patients' First

PATIENTS COMPREHENSIVE CANCER CENTER

Diagnostic Radiology Requisition

Phone: 214-483-5904 Fax: 972-395-4398

Patient (please fax copy of insurance)

Name: ______________________

Address: ______________________

____

City: __________ State: ____ Zip: ________

Home #: __________ Work #: __________

SSN: __________ DOB: __________

Insurance Carrier 1: ______________________

Insurance Carrier 2: ______________________

Ordering Physician Date Ordered: __________

Dr: ______________________

Referring Dr: ______________________

Office Contact: ______________________

Office #: __________ Fax #: __________

Follow-up Appointment Date: __________

Sedation: ❑ Yes ❑ No ❑ CD ROM ❑ Send Film

____

Physician Signature

Diagnosis:

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

Chief Complaint (reason for exam):

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________
6. ______________________
7. ______________________
8. ______________________
9. ______________________
10. ______________________

CT

- ❑ Chest
- ❑ Abdomen
- ❑ Pelvis
- ❑ Head
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ Sinuses
- ❑ Soft Tissue Neck
- ❑ Other: __________
- ❑ Study with Contrast
- ❑ Study without Contrast
- ❑ With Reconstruction

Ultrasound

- ❑ Abdominal
- ❑ Aorta
- ❑ Breast __________ (R / L / Both)
- ❑ Carotid Doppler
- ❑ Echocardiography
- ❑ Upper Extremity ______ (R / L / Bilat)
- ❑ Lower Extremity
  Venous Doppler ______ *(R / L / Bilat)*
- ❑ Pelvic
- ❑ Prostate
- ❑ Renal
- ❑ Testicular
- ❑ Thyroid
- ❑ Transvaginal
- ❑ Other: __________

General X-Ray

- ❑ Chest X-Ray (PA/LAT)
- ❑ Flat and Upright Abdomen
- ❑ KUB
- ❑ Metastatic Bone Survey
- ❑ Skull
- ❑ Ribs __________ (R / L / Bilat)
- ❑ Hip __________ (R / L / Bilat)
- ❑ Facial Bones
- ❑ Pelvis
- ❑ Cervical Spine
- ❑ Lumbar Spine
- ❑ Thoracic Spine
- ❑ Soft Tissue Neck
- ❑ Lower Extremity ______ (R / L / Bilat)
- ❑ Upper Extremity ______ (R / L / Bilat)
- ❑ Other: __________

Nuclear Medicine

- ❑ Whole Body Bone Scan
- ❑ Triple Phase Bone Scan
- ❑ Ceretec WBC/In-111 WBC
- ❑ Gallium Scan
- ❑ Hemangioma
- ❑ Hepatobilary (HIDA)
- ❑ Liver/Spleen
- ❑ Lung VQ
- ❑ MUGA
- ❑ Octreoscan
- ❑ Parathyroid
- ❑ Renal
- ❑ Thyroid Scan
- ❑ Other: __________

PET

- ❑ Brain
- ❑ Whole Body
- ❑ Other: __________
- ❑ Initial DX ❑ Staging ❑ Restaging

ICD9/G-Code __________
(PCCC use only)

Open MRI

- ❑ Specify Site __________
- ❑ Head/Brain __________
- ❑ MRA (Site) __________
- ❑ IAC's
- ❑ Soft Tissue Neck
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ Upper Extremity
  Joint Site ______ (R / L / Bilat)
  Non-Joint Site ______ (R / L / Bilat)
- ❑ Lower Extremity
  Joint Site ______ (R / L / Bilat)
  Non-Joint Site ______ (R / L / Bilat)
- ❑ Breast __________
- ❑ Pelvis
- ❑ Abdomen
  Organ of Interest __________
- ❑ Other: __________
- ❑ Study with contrast
- ❑ With Reconstruction

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