

AMMC Medical Imaging Form

Please contact medical imaging for questions at 307-352-8934

Please fax order and patient demographics to 307-352-8959



Patient Phone #	
Patient Name	DOB
Diagnosis/Clinical History	ICD10
Physician Name	Physician Signature
STAT <input type="radio"/> Y <input type="radio"/> N	Call Results To #

CT [Specify Contrast]

Contrast studies on patients > 60 or history of renal disease require eGFR

- Creat/GFR PT/PTT INR
 Urine Pregnancy CBC

Head/Neck

- Brain W WO
 Orbits W WO
 Soft tissue neck W WO
 Sinus (Maxillofacial)
 Facial bones
 Temporal bones (IAC's)

Chest

- Chest W WO
 High Resolution
 Low Dose

Spine/Extremity

- Cervical W WO
 Thoracic W WO
 Lumbar W WO
 Myelogram
Specify level _____
 Extremity (Please specify)
_____ R L

CT [Cont.]

Abdomen and Pelvis

Oral Contrast? Y N

- Abdomen and Pelvis W WO
 Abdomen only W WO
 Hematuria (A&P w/wo)
 Renal Colic (Kidney Stone A&P wo)
 Enterography
 Liver Protocol (Abd wo/w pelvis w)
 Urogram (A&P wo/w)
 Pancreas Protocol (Abd wo/w)
 Pelvis only W WO

CTA

- Brain Angiogram
 Neck/Carotid Angiogram
 Chest Angiogram (PE) (Aorta)
 Abdominal Angiogram w/runoff
 Abdomen/Pelvis Angiogram
 Pelvis Angiogram
 Abdominal Aorta Angiogram

Other Procedures

- CT guided ESI
Specify level _____
 CT guided Facet Injection R L
Specify level _____
 CT guided SI Joint inject R L
 CT guided biopsy
Specify organ _____

MRI [Specify Contrast]

History of grinding/welding requires screening xray

- Foreign body eyes

Head/Neck

- Brain w &/or w/o
 IAC's w &/or w/o
 Orbits w &/or w/o
 Pituitary w &/or w/o
 Soft Tissue Neck w &/or w/o

Abdomen and Pelvis

- Abdomen Specify Organ _____
 MRCP
 Female Pelvis (wo & w contrast)
 Renal

Extremity [Please Specify]

- Joint/Body part w &/or w/o
_____ R L
Arthrogram Y N

Spine

- Specify Level _____ w &/or w/o

MRA

- MRA Brain w &/or w/o
 MRA Neck w &/or w/o (carotid)
 MRA Abdomen
 MRA upper extremity
 MRA lower extremity
 Other _____

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Ultrasound

- Abdomen Complete
- Gallbladder/Liver (RUQ)
- Gallbladder w/Kinevac
- Renal/Bladder Bladder Only
- Soft Tissue Neck
- Thyroid
- Pelvic (w/ Transvaginal if indicated)
- Transvaginal Only
- Breast/Axilla
 R L Bilat
- Soft Tissue Mass
Specify Area _____
- Testicular
- Other _____

Ultrasound Vascular

- Venous Doppler for DVT
Lower extremity R L Bilat
Upper extremity R L Bilat
- Venous Insufficiency (Lower Extremity)
 R L Bilat
- Arterial Doppler (Bilat Lower Extremity unless otherwise specified)
 R L Bilat
- Carotid
- Aorta
- Abdominal Doppler

Ultrasound Special Procedures

- Thyroid FNA/Biopsy
- Thoracentesis
- Paracentesis
- US Guided Injection
Specify Area _____
- US Guided Biopsy
Specify Area _____
- US Guided Needle Aspiration
Specify Area _____
- US Guided Breast Biopsy/Asp/Loc
w/ clip placement R L
- US Guided Venous Access

Special Procedure Labs

- PT/PTT/INR CBC
- Urine Pregnancy

Mammography

- 3D (Breast Tomosynthesis) Gold Standard
- Screening**
With 3D Y N
 R L Bilat
 - Diagnostic** (w/US if indicated)
 R L Bilat

Fluoroscopy

- PICC Line Placement
- Lumbar Puncture
- Pain Injection
Joint _____ R L
Spine _____ R L
- Esophagram
- Upper GI
- Small Bowel Follow Through
- UGI w/ SBFT
- VCUG
- Other _____

Digital X-ray

Please specify body part below
A complete exam will be performed
Unless otherwise specified
