



The Recognized Leader in Patient Care.

Please call to schedule 307-352-8910 Fax 307-352-8915

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Pt Phone # \_\_\_\_\_ Date \_\_\_\_\_

Ordering Physician \_\_\_\_\_ Diagnosis/ICD 10 \_\_\_\_\_

Physician Signature \_\_\_\_\_ Physician Phone # \_\_\_\_\_ Call Report # \_\_\_\_\_

CT		MRI		XRAY
<b>Head/Neck</b> <b>w w/o</b> ___ ___ Brain ___ ___ Sinus ___ ___ Soft Tissue Neck ___ ___ Temporal Bones/IAC ___ ___ Facial Bones ___ ___ Orbits  <b>Chest/Abd/Pelvis</b> <b>w w/o</b> ___ ___ Chest ___ ___ Abd/Pelvis ___ ___ Abdomen Only ___ ___ Pelvis Only  <b>Angiography</b> ___ CTA Chest (PE) ___ CTA Neck/Carotid ___ CTA Abdomen w/runoff ___ CTA Abdomen/Pelvis  <b>Other</b> _____	<b>Spine</b> <b>w w/o Myelogram</b> ___ ___ Cervical ___ ___ Thoracic ___ ___ Lumbar  <b>Extremity (Specify)</b> <b>w w/o (IV)</b> ___ ___ Extremity _____ R L  <b>Oral Contrast?</b> ___ Enterography ___ Liver Protocol ___ Pancreas Protocol	<b>Spine (Specify Level)</b> <b>w w/o</b> _____  <b>Extremity (Specify)</b> <b>w w/o</b> ___ ___ _____ R L  <b>Arthrogram (Specify)</b> _____ R L  <b>Chest/Abd/Pelvis</b> ___ Abdomen (Liver) ___ MRCP ___ Female Pelvis  <b>Other</b> _____	<b>Brain</b> <b>w w/o</b> ___ ___ Brain ___ ___ IAC's ___ ___ Orbits ___ ___ Pituitary  <b>Angiography</b> <b>w w/o</b> ___ ___ Brain ___ ___ Carotids ___ ___ Renal/Abdomen ___ ___ Extremity _____ R L  <b>Other</b> _____	<b>Head/Neck/Chest</b> ___ 1 view CXR ___ AP/Lat CXR ___ Ribs w/CXR R L Bilat ___ Ribs w/o CXR R L Bilat ___ Soft tissue neck  <b>Abdomen</b> ___ KUB ___ Acute series (PA chest Included) ___ Flat/Upright  <b>Spine/Pelvis</b> ___ Cervical AP/Lat ___ Cervical 4 views ___ Thoracic ___ Lumbar AP/Lat ___ Lumbar 4 views ___ Flex/ext ___ Sacrum/Coccyx ___ Scoliosis series ___ Pelvis  <b>Extremity R L</b> _____ ___ Complete ___ Limited  <b>Other</b> _____
<b>LAB RAD TESTS</b>				
___ Creatinine w/ GFR ___ HCG	___ Foreign body eyes ___ Urine pregnancy			