BEACON HEALTH SYSTEM

BEACON RADIOLOGY
IMAGING SERVICES

To Schedule please call **574-647-7700**
Please fax this side only to **574-647-2200**
***Exams Requiring Special Preparation (see back)**

Patient Name (last, first) | DOB | Ordering Physician

Chief Complaint / Comments

Clinical History / Dx | ICD-10 Code

Pre-Authorization # | Insurance Company

Appointment Date | Time | Patient Phone

☐ Memorial Hospital South Bend ☐ Navarre - Suite #5510 ☐ BCC Navarre - Suite # 6655 ☐ Lighthouse ☐ Beacon Granger Hospital ☐ MRI - Call 574-272-991 (or 888-272-9991) to schedule

☐ View via PACS ☐ Report only to office ☐ CD with report to office ☐ Doc Halo
HOLD and CALL REPORT — Call Report #: Fax report:

w[1]	w/o	CT	CTA
☐	☐	Brain	☐ CTA Brain
☐	☐	Sinuses	☐ CTA Neck (Carotids)
☐	☐	Temporal Bones/IAC	
☐	☐	Orbits	
☐	☐	Facial Bones	
☐	☐	Neck Soft Tissue	☐ CT Pulmonary Vein (Pre-ablation)
☐	☐	Chest	
☐	☐	Cardiac Scoring	☐ CTA Chest for PE
☐	☐	Cervical Spine	☐ CTA Coronary
☐	☐	Thoracic Spine	☐ CTA Chest (Aorta)
☐	☐	Lumbar Spine	☐ CTA Abd Aorta/LE Runoff
☐	☐	Abdomen & Pelvis	
☐	☐	Renal stone (Abd/Pelvis w/o)	☐ CTA Abd (renal/mesenteric)
☐	☐	Abdomen only	☐ CTA Pelvis
☐	☐	Pelvis only	☐ CTA Abd/Pelvis (Aorta)
☐	☐	CT Urogram	
☐	☐	CT Cystogram	☐ CTA Upper extremity (specify):_____
		CT Enterography	
☐	☐	CT Extremity (Specify): _____	
		CT Arthrogram (Specify): _____	
☐	☐	CT Leg length study	Other:

NUCLEAR MEDICINE

Bone Scan

☐ Total body
☐ Multiple specific areas
☐ 3 Phase ☐ SPECT
☐ Liver/Spleen Scan ☐ RBC Liver Hemangioma
☐ Hepatobiliary (HIDA) *[2]
CCK Ejection Fraction: ☐ with ☐ without
☐ Cardiac MUGA Scan *[3]

Nuclear Stress Test (mycardial perfusion imaging)*[4]
☐ Treadmill
☐ Adenosine/Lexiscan
☐ Dobutamine

☐ Gastric Empty (Solid)*[5]
☐ GE Reflux Study (Infants)*[5]
☐ Meckel's Scan *[5]
☐ Indium WBC Scan
☐ Indium /Bone
☐ Lung Scan Vent/Perfusion
☐ Quantitative
☐ Cisternogram
☐ Octeroscan
☐ Parathyroid
☐ Thyroid consult
☐ Thyroid Update and Scan*[5]
☐ Treatment if indicated

NUCLEAR MEDICINE (cont)

☐ I-131 Whole Body Scan* [5]
☐ Renal Scan
☐ Flow and Function
☐ Renal scan/Lasix washout
☐ Renal Scan/Captopril
☐ Other

ULTRASOUND

☐ Abd LTD ☐ RUQ ☐ Spleen ☐ Lump*[6]
☐ Abdomen Complete*[6] ☐ Aorta*[6]
☐ Renal/Kidney (includes bladder)*[7]
☐ Early OB (less than 14 weeks)*[8]
☐ OB (greater than 14 weeks)*[8]
☐ OB Transvaginal*[8] (Cervical length only)
☐ Biophysical Profile
☐ Pelvic (w/Endovag if indicated)*[8]
☐ Endovaginal only ☐ Follicle study
☐ Sonohysterogram ☐ Thyroid
☐ Thyroid Biopsy ☐ Neck
☐ Testicular/Scrotum (including Doppler)
☐ Carotid
☐ Extremity: Venous Doppler
☐ Left ☐ Right ☐ Upper ☐ Lower
☐ Other

GI / GU

☐ Esophagram*[9] ☐ IVP*[12]
☐ Upper GI*[9] ☐ VCUG
☐ Upper GI / Sm Bowel*[10] ☐ Cystogram
☐ Small Bowel Only*[10] ☐ Hysterosalpingogram
☐ Swallow Function Study[11]
☐ Barium Enema*[11] ☐ Air contrast ☐ Single contrast*
☐ Other _____

RADIOGRAPHY (Plain Films)

HEAD
☐ Facial Bones ☐ Sinus ☐ Nasal Bones
CHEST
☐ PA & Lateral
☐ Decub CXR ☐ Left ☐ Right ☐ Bilateral
☐ Ribs ☐ Left ☐ Right ☐ Bilateral w/PA CXR
☐ Ribs ☐ Left ☐ Right ☐ Bilateral w/PA CXR
ABDOMEN
☐ Abdominal Series ☐ Flat/Upright ☐ KUB
SPINE
☐ Bone Survey
☐ Scoliosis Study (Hospital only)
☐ Cervical ☐ AP/Lat ☐ views (RTN)
☐ 6 views (RTN + flex/ext)
☐ Lumbar ☐ AP/Lat ☐ views (RTN)
☐ 6 views (RTN + flex/ext)
☐ Thoracic ☐ Sacrum & Coccyx ☐ SI joints

EXTREMITIES / PELVIS

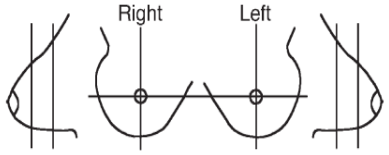
☐ Fingers: Spec. _____		
☐ Hand	☐ L	☐ R
☐ Wrist	☐ L	☐ R
☐ Forearm	☐ L	☐ R
☐ Elbow	☐ L	☐ R
☐ Humberus	☐ L	☐ R
☐ AC Joints BL w/wo wts	☐ L	☐ R
☐ Clavicle	☐ L	☐ R
☐ Shoulder	☐ L	☐ R
☐ Toes: Spec. _____		
☐ Foot	☐ L	☐ R
☐ Calcaneous	☐ L	☐ R
☐ Ankle	☐ L	☐ R
☐ Tibia/Fibula	☐ L	☐ R
☐ Knee	☐ L	☐ R
☐ Standing Knees	☐ L	☐ R
☐ Femur	☐ L	☐ R
☐ Hip	☐ L	☐ R
☐ Pelvis		
☐ Other		

LABORATORY

☐ BUN ☐ Creatinine ☐ PT ☐ PTT
☐ INR ☐ CBC w/differential
☐ Other

MAMMOGRAM & BREAST DIAGNOSTICS * [13]

☐ Screening Mammo
☐ Diagnostic Bilateral Mammo (w/Ultrasound if indicated)
☐ Unilateral Mammo (w/Ultrasound if indicated)
☐ Left ☐ Right
☐ Image Guided Breast Biopsy (Stereo or US Core)
☐ Cyst Aspiration
☐ Breast Ultrasound ☐ Left ☐ Right
☐ Other



BONE DENSITY STUDY (DEXA)

☐ Osteoporosis Scan ☐ Navarre BC
☐ Lighthouse
Special Instructions: See prep #14 on back page

Physician Signature: Date: Time:

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