BEACON RADIOLOGY
IMAGING SERVICES

To Schedule call:
Three Rivers 269-273-9645
All other locations 574-647-7700

Fax Orders to:
Three Rivers 269-273-9774
All other locations 574-647-2200

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 ☐ Elkhart General ☐ Beacon Granger Hospital ☐ Community Hospital of Bremen ☐ Three Rivers Health

CT / CTA

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 Event
☐	☐	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
- ☐ Parathyroid
- ☐ Thyroid consult
- ☐ Thyroid Update and Scan*5
  - ☐ Treatment if indicated
- ☐ PET/CT Skull to Thigh
- ☐ PET/CT Whole Body (Melanoma)
- ☐ Other _____

MRI

W/O	W-W/O	
☐	☐	Brain
☐	☐	Cervical Spine
☐	☐	Thoracic Spine
☐	☐	Cervical Spine
☐	☐	Lumbar Spine
☐	☐	Pelvis
☐	☐	MRCP
☐	☐	Knee ☐ Left ☐ Right
☐	☐	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 ☐ VCUG
- ☐ Upper GI* 9 ☐ Cystogram
- ☐ Upper GI / Sm Bowel* 10 ☐ Hysterosalpingogram
- ☐ Small Bowel Only* 10
- ☐ Swallow Function Study
- ☐ Barium Enema*11 ☐ Air contrast ☐ Single contrast*11
- ☐ 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
- ☐ Cervical ☐ AP/Lat ☐ 4 views (RTN)
  - ☐ 6 views (RTN + flex/ext)
- ☐ Lumbar ☐ AP/Lat ☐ 4 views (RTN)
  - ☐ 6 views (RTN + flex/ext)
- ☐ Thoracic ☐ Sacrum & Coccyx ☐ SI joints

EXTREMITIES / PELVIS

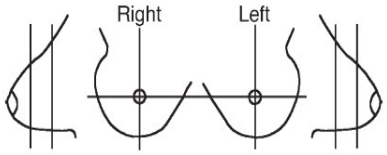
☐ Fingers: Spec. _____		
☐ Hand	☐ L	☐ R
☐ Wrist	☐ L	☐ R
☐ Forearm	☐ L	☐ R
☐ Elbow	☐ L	☐ R
☐ Humberus	☐ L	☐ R
☐ AC Joints BL w/wo wts	☐ L	☐ R
☐ Clavicle	☐ L	☐ R
☐ Shoulder	☐ L	☐ R
☐ Toes: Spec. _____		
☐ Foot	☐ L	☐ R
☐ Calcaneous	☐ L	☐ R
☐ Ankle	☐ L	☐ R
☐ Tibia/Fibula	☐ L	☐ R
☐ Knee	☐ L	☐ R
☐ Standing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

Physician Signature: | Date: | Time:

BEACON HEALTH SYSTEM

BEACON RADIOLOGY ORDER

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