OUTPATIENT DIAGNOSTIC CENTER

RADIOLOGY REFERRAL FORM

Scheduling: Phone: 256-534-5600 Fax: 256-532-2420
Tax ID: 63-1280228

LOCATION: ❒ Huntsville ❒ Madison ❒ Athens

❒ STAT ❒ CALL REPORT: ______________________

APPOINTMENT DETAILS: ______________________

❒ CALL PATIENT TO SCHEDULE

PATIENT INFORMATION	PROVIDER INFORMATION
Patient Name: ______________	Provider Name: ______________
Date of Birth: ______________	***Signature:*** ______________
Phone: ______________	Provider Phone: ______________
Insurance: ______________	Provider Fax: ______________
Policy/Group #: __________ / __________	Authorization # ______________

DIAGNOSIS / HISTORY / SPECIAL INSTRUCTIONS	MEDICARE ONLY - REQUIRED AS OF 1/01/2021
______________	AUC/CDS G Code: __________ Modifier: __________
______________	CPT Code Submitted: ______________

MRI / CT

Radiologist to recommend contrast, unless specified here: ______________________

MRI	CT
❒ Brain	❒ Head
❒ Attn: IAC	❒ Orbits
❒ Attn: Pituitary	❒ Facial Bones
❒ Orbits	❒ IACs/Temporal Bones
❒ TMJ	❒ Sinus
❒ Soft Tissue Neck	❒ Soft Tissue Neck
❒ Brachial Plexus	❒ CTA Head
❒ MRA Brain	❒ CTA Neck
❒ MRV Brain	❒ CTA Chest (PE Protocol)
❒ MRA Carotid	❒ CTA Aorta/Run-off
❒ MRA Renal	❒ Calcium Cardiac Scoring
❒ MRA Aorta/Run-off	❒ Chest
❒ Cervical Spine	❒ Lung Screening
❒ Thoracic Spine	❒ Abdomen/Pelvis
❒ Lumbar Spine	❒ Stone Protocol (Abd/Pelvis)
❒ MRCP	❒ Abdomen ❒ Adrenals ❒ Liver
❒ Abdomen	❒ Pancreas ❒ Kidney
❒ Pelvis	❒ Pelvis
❒ Sacrum/Coccyx	❒ Cervical Spine
	❒ Thoracic Spine
	❒ Lumbar Spine
EXTREMITIES ❒ L ❒ R ❒ Bilateral	**EXTREMITIES** ❒ L ❒ R ❒ Bilateral
❒ Shoulder ❒ Humerus	❒ Shoulder ❒ Humerus
❒ Elbow ❒ Forearm	❒ Elbow ❒ Forearm
❒ Wrist ❒ Hand	❒ Wrist ❒ Hand
❒ Hip ❒ Femur	❒ Hip ❒ Femur
❒ Knee ❒ Tib/Fib	❒ Knee ❒ Tib/Fib
❒ Ankle ❒ Forefoot	❒ Ankle ❒ Foot
❒ Midfoot ❒ Heel/Calcaneous	

Ultrasound

- ❒ Aorta
- ❒ Breast ❒ L ❒ R ❒ Bilat
- ❒ Automated Intelligence Breast (AIBUS)
- ❒ Gallbladder
- ❒ Abdomen Complete
- ❒ Abdomen Limited (specify) ______________
- ❒ Pelvis w/ TV if indicated
- ❒ Transvaginal
- ❒ Scrotum
- ❒ Renal
- ❒ Thyroid
- ❒ Carotid
- ❒ ABI
- ❒ Soft Tissue (specify) ______________
- ❒ Pregnancy
  - ❒ 1st Trimester / Early OB
  - ❒ OB Complete >14 wks
- ❒ Arterial Doppler ❒ L ❒ R ❒ Bilat
  - ❒ Lower Ext. ❒ Upper Ext.
- ❒ Venous Doppler ❒ L ❒ R ❒ Bilat
  - ❒ Lower Ext. ❒ Upper Ext.
- ❒ Ext. Non-Vascular ❒ L ❒ R ❒ Bilat
  - ❒ Lower Ext. ❒ Upper Ext.
- ❒ Renal Artery Doppler
- ❒ AAA Screening

X-Ray / Dexa

❒ L ❒ R ❒ Bilateral
❒ Weight Bearing ❒ Flexion/Extension
# of views: ______________
If none specified, standard protocol will be performed.

- ❒ Chest (one view)
- ❒ Chest (PA & Lat)
- ❒ Ribs (Includes one view chest)
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ Lumbar Spine
- ❒ Abdominal Series
- ❒ Abdomen (KUB)
- ❒ Scoliosis Series
- ❒ Pelvis
- ❒ TMJ
- ❒ Skull
- ❒ Facial Bones
- ❒ Nasal Bones

EXTREMITIES ❒ L ❒ R ❒ Bilateral
❒ Weight Bearing

❒ Clavicle	❒ Shoulder
❒ Humerus	❒ Elbow
❒ Forearm	❒ Wrist
❒ Hand	❒ Finger
❒ Hip	❒ Femur
❒ Knee	❒ Tib/Fib
❒ Ankle	❒ Foot
❒ Toe	

❒ DEXA ______________

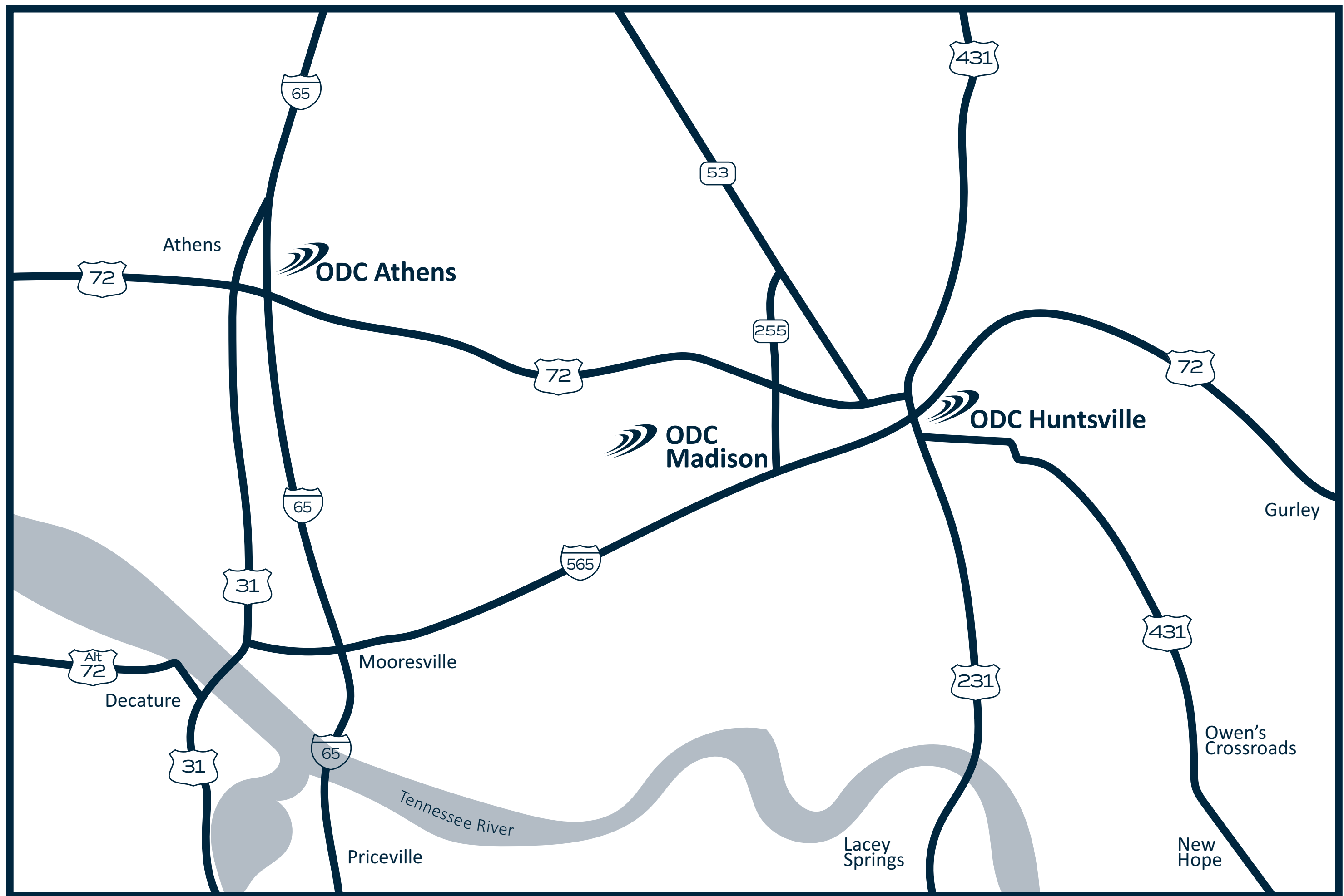
Special Procedures

❒ Arthrogram: ______________ ❒ L ❒ R ❒ Bilateral

Other

Mammography / Women's Imaging

- ❒ Screening Mammogram
  w/ diagnostic and/or breast US if indicated
- ❒ Diagnostic Mammo ❒ L ❒ R ❒ Bilat
  w/ breast US if indicated
- ❒ AI Breast US (AIBUS)
- ❒ Breast US ❒ L ❒ R ❒ Bilat
- ❒ DEXA ______________



HUNTSVILLE	MADISON	ATHENS
115 Saint Clair Avenue SE, Huntsville, AL 35801	**398 Hughes Road, Madison, AL 35758**	**22281 US Hwy 72 E, Suite B, Athens, AL 35613**
HIGH FIELD MRI (500LB)	HIGH FIELD OPEN MRI (660LB)	HIGH FIELD MRI (550LB)
CT SCAN (400LB)	CT SCAN (450LB)	CT SCAN (450LB)
ULTRASOUND	ULTRASOUND	ULTRASOUND
XRAY	XRAY	XRAY
FLUOROSCOPY	MAMMOGRAPHY	FLUOROSCOPY
MAMMOGRAPHY	3D TOMOSYNTHESIS	MAMMOGRAPHY
3D TOMOSYNTHESIS	BONE DENSITY	BONE DENSITY
BONE DENSITY		

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