OUTPATIENT DIAGNOSTIC CENTER

RADIOLOGY REFERRAL FORM

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

LOCATION: ❒ Huntsville ❒ Madison ❒ Athens ❒ Decatur ❒ STAT ❒ CALL REPORT: _____

APPOINTMENT DETAILS: _____ ❒ CALL PATIENT TO SCHEDULE

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Phone: _____

Insurance: _____

Policy/Group #: _____ /_____

PROVIDER INFORMATION

Provider Name: _____

Signature: _____

Provider Phone: _____

Provider Fax: _____

Authorization # _____

ICD-10 / DIAGNOSIS / HISTORY / SPECIAL INSTRUCTIONS

_____

_____

MEDICARE ONLY

AUC/CDS G Code:_____ Modifier: _____

CPT Code Submitted: _____

MRI

Radiologist to recommend contrast, unless otherwise specified here:

_____

- ❒ Brain
  - ❒ Attn: IAC
  - ❒ Attn: Pituitary
- ❒ Orbits
- ❒ TMJ
- ❒ Soft Tissue Neck
- ❒ Brachial Plexus
- ❒ MRA Brain
- ❒ MRV Brain
- ❒ MRA Carotid
- ❒ MRA Renal
- ❒ MRA Abdominal Aorta
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ Lumbar Spine
- ❒ MRCP
- ❒ Abdomen
- ❒ Pelvis
- ❒ Sacrum/Coccyx

EXTREMITIES ❒ L ❒ R ❒ Bilateral

- ❒ Shoulder ❒ Humerus
- ❒ Elbow ❒ Forearm
- ❒ Wrist ❒ Hand
- ❒ Hip ❒ Femur
- ❒ Knee ❒ Tib/Fib
- ❒ Ankle ❒ Forefoot
- ❒ Midfoot ❒ Heel/Calcaneous

CT

- ❒ Head
- ❒ Orbits
- ❒ Facial Bones
- ❒ IACs/Temporal Bones
- ❒ Sinus
- ❒ Soft Tissue Neck
- ❒ CTA Head
- ❒ CTA Neck
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ CTA Chest (PE Protocol)
- ❒ CTA Aorta/Run-off
- ❒ Calcium Cardiac Scoring
- ❒ Chest
- ❒ Lung Screening
- ❒ Abdomen/Pelvis
- ❒ Stone Protocol (Abd/Pelvis)
- ❒ Abdomen ❒ Adrenals ❒ Liver ❒ Pancreas ❒ Kidney
- ❒ Pelvis
- ❒ Urogram

EXTREMITIES ❒ L ❒ R ❒ Bilateral

- ❒ Shoulder ❒ Humerus
- ❒ Elbow ❒ Forearm
- ❒ Wrist ❒ Hand
- ❒ Hip ❒ Femur
- ❒ Knee ❒ Tib/Fib
- ❒ Ankle ❒ Foot

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

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

- ❒ Skull
- ❒ Facial Bones
- ❒ Nasal Bones
- ❒ Sinus Series
- ❒ Scapula
- ❒ Chest (one view)
- ❒ Chest (PA & Lat)
- ❒ Sternum
- ❒ Ribs (Includes one view chest)
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ Lumbar Spine
- ❒ Scoliosis Series
- ❒ Abdominal Series
- ❒ Abdomen (KUB)
- ❒ Pelvis
- ❒ Sacrum/Coccyx

EXTREMITIES ❒ L ❒ R ❒ Bilateral ❒ Weight Bearing

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

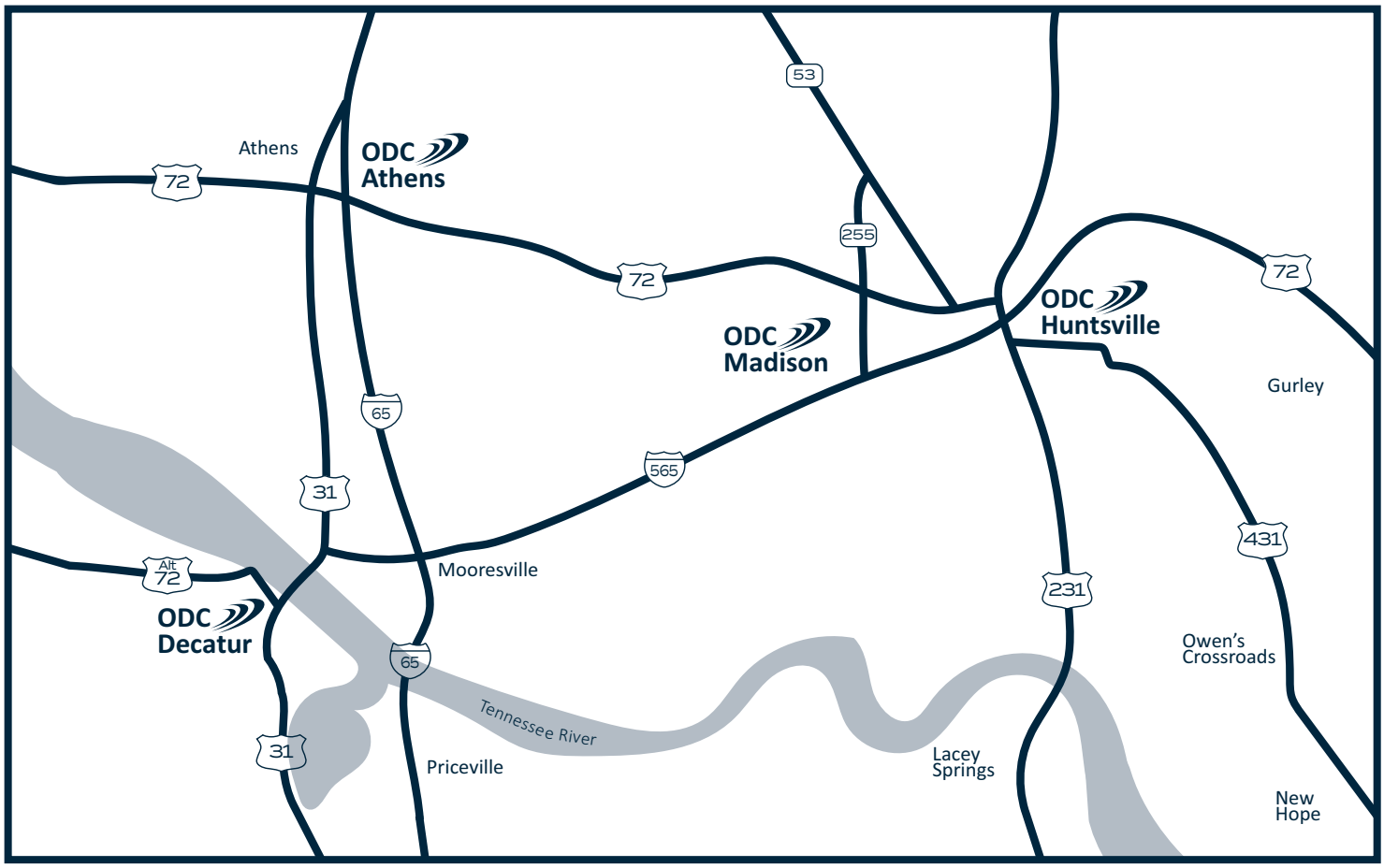
Other Procedures

- ❒ Arthrogram: _____ ❒ L ❒ R ❒ Bilateral
- ❒ DEXA _____
- ❒ Other: _____

Mammography / Women's Imaging

- ❒ Screening Mammogram *w/ diagnostic and/or breast US if indicated*
- ❒ AI Breast US (AIBUS)
- ❒ DEXA _____

- ❒ Diagnostic Mammo ❒ L ❒ R ❒ Bilat *w/ breast US if indicated*
- ❒ Breast US ❒ L ❒ R ❒ Bilat



	HUNTSVILLE	MADISON	ATHENS	DECATUR
	115 Saint Clair Ave SE Huntsville, AL 35801	398 Hughes Road Madison, AL 35758	22281 US Hwy 72 E Athens, AL 35613	1811 Beltline Rd SW Decatur, AL 35601
MRI	•	•	•	•
CT	•	•	•	•
Ultrasound	•	•	•	•
3D Mammography	•	•	•	
Bone Density	•	•	•	
X-ray	•	•	•	•
Scan for step by step directions via Google Maps				

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- Provider Link: Provider access to online ordering, exam status', as well as viewing reports and images.
- Contact Information: Contact us with questions or to request an appointment through our online forms.