

Order Form

Patients Name _____ DOB _____ Order Date _____

Primary Insurance _____ Secondary Insurance _____

Pre-Auth # _____ Date Pre-Auth is Valid _____

Diagnosis (required) _____

DX Code (required) _____ CPT Code (required) _____

Special Instructions/Protocol _____

Arrival time _____ Appointment time _____ Appointment Date _____

Physician Signature (required) _____

MRI / MRA IMAGING

☐ The following test(s) with Gadolinium as needed

HEAD & NECK

☐ MRI Brain ☐ Orbits ☐ IAC's
☐ MRA Brain ☐ TMJ's ☐ Soft Tissue Neck
☐ MRA Carotids ☐ Sella/Pituitary

BODY

☐ Liver ☐ Adrenals ☐ MRCP (NPO)
☐ Kidney(s) ☐ Chest ☐ MRA Renal Artery
☐ MRI Abdomen: Specify attention to: _____
☐ MRI Pelvis: Specify attention to: _____

SPINE

☐ Cervical ☐ Thoracic ☐ Lumbar

Special attention to: _____

Has the patient ever had back surgery?

☐ Yes ☐ No

If yes, When? _____

EXTREMITY JOINTS

☐ Shoulder ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hip ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R

EXTREMITY NON-JOINTS

Specify body part: _____

☐ Left ☐ Right

ULTRASOUND IMAGING

☐ **ABDOMEN COMPLETE** (GB, Liver, Kidney(s), Aorta, Pancreas, CBD, IVC, & Spleen)

☐ **RETROPERITONEAL COMPLETE** (Kidneys & Bladder)

☐ **RETROPERITONEAL LIMITED** (single organ)
☐ Kidney ☐ Aorta ☐ Bladder

☐ **RAS** – Renal Artery Stenosis

☐ **PELVIC** w/Transvaginal (as needed)

☐ **PYLORIC STENOSIS** (abdomen limited)

OB-GYN

Estimated fetal age: _____

☐ OB Under 14 weeks ☐ OB Over 14 weeks

☐ OB Single gestation ☐ OB Multiple gestations

☐ Biophysical profile without Non-stress testing

BREAST ☐ L ☐ R ☐ Bilateral

VASCULAR

☐ Venous Doppler Extremity Upper ☐ L ☐ R

☐ Venous Doppler Extremity Lower ☐ L ☐ R

☐ Upper Extremity Non-Vascular ☐ L ☐ R

☐ Lower Extremity Non-Vascular ☐ L ☐ R

☐ Carotid Arteries ☐ Groin

MSK

☐ Upper Extremity ☐ L ☐ R

☐ Lower Extremity ☐ L ☐ R

Specify body part: _____

MISCELLANEOUS

☐ Thyroid ☐ Soft-Tissue Neck ☐ Testicular

CT IMAGING

☐ The following test(s) I.V. and/or Oral Contrast as needed

HEAD & NECK

☐ Head ☐ Maxillofacial/Sinus
☐ Neck (soft tissue) ☐ Orbits
☐ Temporal Bones ☐ Other

BODY

☐ Abdomen and Pelvis (both)
☐ Abdomen ☐ Pelvis ☐ Chest
☐ CT Urogram ☐ CT Renal Stone

EXTREMITY

☐ Right ☐ Left

Specify body part: _____

SPINE

☐ Cervical ☐ Thoracic ☐ Lumbar

CT ANGIOGRAPHY

Specify body part: _____

☐ Chest ☐ Abdomen ☐ Pelvis

☐ Renal ☐ Head ☐ Carotid

☐ Aorta Thoracic Abdom. ☐ Aorta & Runoff

☐ Upper Extremity ☐ L ☐ R

☐ Lower Extremity ☐ L ☐ R

SPECIALTIES

☐ Calcium Score ☐ 3D Rendering

☐ Virtual Colonoscopy

☐ Coronary Artery (**Coronaries REQUIRE very specialized preparation**)

CREATININE results are required if the patient is over 60 years old, an insulin dependent diabetic or has a history of renal insufficiency. The Creatinine level must have been drawn within the last 30 days. **Date drawn:** _____

Creatinine level: _____

X-RAY

☐ Skull
☐ Orbits
☐ Facial Bones
☐ Sinuses
☐ Chest Pa/Lateral
☐ Sternum
☐ Rib ☐ L ☐ R ☐ Both
☐ Clavicle ☐ L ☐ R ☐ Both
☐ Shoulder ☐ L ☐ R ☐ Both
☐ Humerus ☐ L ☐ R ☐ Both
☐ Elbow ☐ L ☐ R ☐ Both
☐ Forearm ☐ L ☐ R ☐ Both
☐ Wrist ☐ L ☐ R ☐ Both
☐ Hand ☐ L ☐ R ☐ Both
☐ Finger Digit ☐ L ☐ R ☐ Both
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Pelvis
☐ Hip ☐ L ☐ R ☐ Both
☐ Femur ☐ L ☐ R ☐ Both
☐ Knee ☐ L ☐ R ☐ Both
☐ Tibia/Fibia ☐ L ☐ R ☐ Both
☐ Ankle ☐ L ☐ R ☐ Both
☐ Foot ☐ L ☐ R ☐ Both
☐ Abdomen (Kub)
☐ Soft Tissue
☐ Other _____



160 Exeter Dr Suite 104 Winchester, VA 22603
Located at 522 North and 37 in the TREN building
www.winchesterimaging.com
Phone: 540-431-3600 Fax: 540-431-3601

MRI-Patient's that have a pacemaker, neuro/ spinal stimulator, breast tissue expanders CANNOT have an MRI at Winchester Imaging. Please let us know immediately if you have had metal in and/or removed from eyes, brain/heart surgery or external devices e.g. insulin pump.

CT- Depending on what kind of CT scan you are having we may ask you to pick up a bottle of barium prep for your appointment. Please pick up your barium the day before your appointment.

Abdomen Ultrasound- NPO(Nothing to eat or Drink) after midnight or 6-8 hours prior to your appointment.

Pelvic Ultrasound- Drink 32oz of water one hour prior to your appointment and retain.

OB Ultrasound- Patients that are 14 weeks or less than 14 weeks pregnant drink 32oz of water one hour prior to your appointment and retain. Patients that are scheduled for an anatomy scan drink 32oz of water one hour prior to your appointment and retain.

Renal Ultrasound- Drink 24oz of water one hour prior to your appointment and retain.

Renal Artery Stenosis(RAS) Ultrasound- Do not eat or drink 6-8 hours prior to your appointment, and no caffeine 24 hours prior to your appointment.

Pyloric Stenosis Ultrasound- Hold last feeding until appointment and we will provide a bottle and pedialyte for the ultrasound.

Directions:

Traveling from the South:

Take I-81 North to VA 37 North/Exit 310. Turn Left on VA 37 N. Take US-522 exit towards Winchester. Turn Right on N Frederick Pike. Just past the second light turn left onto Exeter Lane. Drive around the back of the TREN building for the Winchester Imaging entrance and parking.

Travelling From the North:

Take I-81 South to US-11 South exit 317. Keep Right at the fork to go to Martinsburg Pike. Take US-522 exit towards Winchester. Just past the second exit turn Left on Exeter Drive. Drive around the back of the TREN building for Winchester Imaging entrance and parking.

