

* * * Communication Result Report (May. 23. 2024 9:16AM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: May. 23. 2024 9:15AM

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WARHAWK HEALTH SERVICES

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* * * Communication Result Report (May. 23. 2024 9:18AM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: May. 23. 2024 9:15AM

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PHONE: 334-277-1210 • FAX: 334-277-1781 • FAX: 334-277-1454

for EMIC use only

PATIENT INFORMATION

Patient's Full Name Pepper Martin DOB 12/3/75 Patient Phone: _____
Ordering Physician Lindsey Burton, CRNP Office Phone _____ Office Fax _____
Physician Signature/Date/Time [Signature] Cell Phone Number _____
Reason for Exam/DIAGNOSIS (Required) Abn. Liver CT, Abnormal LFTs, Leukocytosis

SPECIAL INSTRUCTIONS

☒ STAT call # 244-3281 ☐ STAT fax # 244-3394 ☐ Send CD ☐ Send patient back to office
☒ EMIC to schedule ☒ EMIC to precertify exam ☐ Appt Date / Time 9/23/24
☐ Obtain i-Stat Creatinine prior to intravenous contrast administration (criteria on reverse side)

CT (Computerized Tomography)

- | | |
|---|--|
| ☐ Brain W/O Contrast | ☐ IAC's (Temporal Bone) |
| ☐ Brain W/O & W Contrast | ☐ Orbits |
| ☐ Sinus W/O | ☐ Soft Tissue Neck W |
| ☐ Chest W/O | ☐ Chest W |
| ☐ Abdomen W and Pelvis W (Routine) | |
| ☐ Abdomen/Pelvis W/O (Stone Hunt) | |
| ☐ Abdomen/Pelvis W/O & W (Hematuria Protocol) | |
| ☐ Abdomen W/O | ☐ Abdomen W/O & W |
| ☐ Pelvis W/O | ☐ Pelvis W |
| ☐ Cervical Spine ☐ W/O ☐ W | ☐ Bony Pelvis |
| ☐ Lumbar Spine ☐ W/O ☐ W | ☐ Other _____ |
| ☐ Thoracic Spine ☐ W/O ☐ W | ☐ 3-D Reconstruction |

CTA (CT Angiography)

- | | |
|--|---|
| ☐ CTA Brain (COW) | ☐ CTA Neck |
| ☐ CTA Abdominal Aorta | ☐ CTA Renals |
| ☐ CTA Pelvis | ☐ CTA Runoff-Bil Lwr Ext |
| ☐ CTA Chest (PE) | ☐ CTA Thoracic Aorta |

MRI (Magnetic Resonance Imaging)

- | | |
|---|---|
| CONTRAST <u>W/O</u> <u>W&W/O</u> | |
| ☐ Brain ☐ IAC's | ☐ MRCP (NPO 6hrs) |
| ☐ Pituitary | ☐ Kidney |
| ☐ Orbits | ☐ Liver |
| ☐ Breast ☐ w/out ☐ with ☐ Bilat | ☐ Adrenals |
| ☐ Chest Wall | ☐ Hip ☐ R ☐ L ☐ Bilat |
| ☐ Brachial Plexus ☐ R ☐ L ☐ Bilat | ☐ Foot ☐ R ☐ L ☐ Bilat |
| ☐ Pelvis | ☐ Knee ☐ R ☐ L ☐ Bilat |
| ☐ Cervical Spine | ☐ Ankle ☐ R ☐ L ☐ Bilat |
| ☐ Lumbar Spine | ☐ Wrist ☐ R ☐ L ☐ Bilat |
| ☐ Thoracic Spine | ☐ Other _____ |
| ☐ Shoulder ☐ with arthrogram | ☐ R ☐ L ☐ Bilat |

MRA ANGIOGRAPHY

- | | |
|--|--|
| ☐ Intracranial - Circle of Willis | ☐ Renal Arteries |
| ☐ Carotids and Vertebrales | ☐ Other _____ |
| ☐ Runoff - Bilat Lower Ext. | ☐ w/out ☐ with |

MRV Venography

- | | | | |
|--------------------------------|---------------------------------|----------------------------------|--------------------------------|
| ☐ Brain | ☐ Pelvis | ☐ Abdomen | ☐ Other |
|--------------------------------|---------------------------------|----------------------------------|--------------------------------|

FLUOROSCOPY

- | | |
|---|--|
| ☐ GI Series | ☐ BE |
| ☐ GI and Small Bowel | ☐ BE Air Contrast |
| ☐ Small Bowel | ☐ IVP |
| ☐ Esophagram | ☐ Other _____ |

NUCLEAR MEDICINE

- | | |
|--|---------------------------------------|
| ☐ Bone Scan Whole Body | ☐ Renal |
| ☐ Three Phase Bone Scan | ☐ MUGA |
| ☐ Thyroid (uptake and scan) | ☐ Liver/Spleen |
| ☐ Hepatobiliary Scan (HIDA) | ☐ Parathyroid |
| ☐ Gastric Emptying | ☐ Other _____ |

ULTRASOUND

- | | |
|--|---|
| ☐ Obstetrical | ☐ Pelvic |
| ☐ Pelvic/Transvaginal | ☐ Scrotum |
| ☐ Abdomen Complete | ☒ Abdomen (RUQ) |
| ☐ Thyroid | ☐ Renal / Kidney |
| ☐ Soft Tissue - Neck | ☐ Renal Arteries |
| ☐ Carotid | ☐ Aorta |
| ☐ Extremity-non vasc (specify) _____ | ☐ LT ☐ RT |
| ☐ Venous Doppler lower extremity ☐ R ☐ L ☐ Bilat | |
| ☐ Venous Doppler upper extremity ☐ R ☐ L ☐ Bilat | |
| ☐ Arterial Doppler lower extremity w/ segmental pressures | |
| ☐ Infant Spine ☐ Infant Hips ☐ Infant Duodenum | |
| ☐ Liver Elastography | |
| (Requires prior US, MRI or CT Abdominal Imaging within 6 months) | |
| ☐ Other _____ | |

ROUTINE X-RAYS

- | | |
|---|---|
| ☐ Chest | ☐ Cervical Spine |
| ☐ Abdomen Series | ☐ Thoracic Spine |
| ☐ Ribs ☐ LT ☐ RT | ☐ Lumbar Spine |
| ☐ KUB | ☐ Sinuses |
| ☐ Skull | ☐ Pelvis |
| ☐ Thoracolumbar (Scoliosis) | ☐ Other _____ |
| ☐ Extremity (specify) _____ | ☐ LT ☐ RT |

BONE DENSITY

- | |
|---|
| ☐ Bone DEXA Axial Skeleton |
|---|

ADDITIONAL INFORMATION

pt aware of apt time + NPO status

Please see reverse side for exam preparations