



6880 Winton Blount Blvd. • Montgomery, AL 36117
PHONE: 334-277-1210 • FAX: 334-277-1781 • FAX: 334-277-1454

for EMIC use only

PATIENT INFORMATION

Patient's Full Name Channing Lawson DOB 4/19/91 Patient Phone: _____
Ordering Physician Lindsey Bortin, CRNP Office Phone 244-3281 Office Fax 244-3396
Physician Signature/Date/Time [Signature] Cell Phone Number _____
Reason for Exam/DIAGNOSIS (Required) HLA B27, recurrent cough / SOB

SPECIAL INSTRUCTIONS

☐ STAT call # _____ ☐ STAT fax # _____ ☐ Send CD ☐ Send patient back to office
☐ EMIC to schedule ☒ EMIC to precertify exam ☒ Appt Date / Time December 7, 2022
☐ Obtain i-Stat Creatinine prior to intravenous contrast administration (criteria on reverse side) 0800 am

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 |

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 _____ |

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 W/O _____ W&W/O _____ | |
| ☐ 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 |
|--------------------------------|---------------------------------|----------------------------------|--------------------------------|

ULTRASOUND

- | | |
|--|--|
| ☐ Obstetrical | ☐ Pelvic |
| ☐ Pelvic/Transvaginal | ☐ Scrotum |
| ☐ Abdomen Complete | ☐ Abdomen (RUQ) |
| ☐ Thyroid | ☐ Liver Elastography |
| ☐ Renal arteries | ☐ Renal / Kidney |
| ☐ Carotid | ☐ Aorta |
| ☐ Venous Doppler lower extremity | ☐ R ☐ L ☐ Bilat |
| ☐ Venous Doppler upper extremity | ☐ R ☐ L ☐ Bilat |
| ☐ Arterial Doppler lower extremity w/ segmental pressures | |
| ☐ Infant Spine | |
| ☐ 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

NPO 4hrs prior to appointment