



Imaging Services

Order Form

APPOINTMENTS:

208.960.0720 PHONE

Ten Mile Medical Campus

875 S Vanguard Way, Suite 100
Meridian, ID 83687

Fax completed forms to: **208-960-0725**

Today's Date:		
Patient Information – all fields required		
Patient Name:	Date of Birth:	Phone:
Diagnosis/Symptoms:		
Preauthorization #		
Ordering Provider Information – all fields required		
Provider Name:	Provider Phone Number:	
Provider Signature:	After-hours phone:	
Provider NPI:	Fax Number:	
Contrast: Yes Radiologist discretion CREATININE: Results: _____ Date: _____ Saltzer to obtain (if needed)		
Exam Selection—Please check the appropriate box for the requested study and specify any additional exam details.		
Exam Special Instructions:		

<p><u>X-Ray Thorax</u></p> <p>Chest PA & Lateral Ribs Left Right Other _____</p> <p><u>X-Ray Abdomen/Pelvis</u></p> <p>Abdomen/KUB 1 View Abdomen 2 View Pelvis Other _____</p> <p><u>X-Ray Head</u></p> <p>Skull Facial Bones Orbits Other _____</p>	<p><u>X-Ray Spine</u></p> <p>Cervical Thoracic Lumbar Sacrum/Coccyx Other _____</p> <p><u>X-Ray Upper Extremity</u></p> <p>Left Right Bilateral Shoulder Humerus Elbow Forearm Wrist Hand Finger _____</p>	<p><u>DEXA</u></p> <p>DEXA Axial DEXA Appendicular DEXA Full Body Composition</p> <p><u>X-Ray Lower Extremity</u></p> <p>Left Right Bilateral Hip Femur Knee Tib/Fib Ankle Foot Toe _____</p>	<p><u>Fluoroscopy</u></p> <p>Joint Injection _____ Left Right Myelogram Body Region _____ Left Right Other _____</p> <p><u>Ultrasound</u></p> <p>Abdomen Complete 76700 Abdomen Limited 76705 Obstetric with Transvaginal if indicated Obstetric <14 weeks Obstetric >14 weeks Pelvis with Transvaginal if indicated</p>
---	---	--	--

Continue to Page 2

<u>Ultrasound Continued</u>	<u>Ultrasound Continued</u>	<u>CT Continued</u>	<u>MRI</u>
Scrotum US Retroperitoneal (Renal & Aorta) Thyroid Fine Needle Aspiration Renal Doppler (Renal US ad hoc) Carotid Doppler Venous Doppler Extremity _____ Left Right Arterial Doppler Upper Extremity _____ Left Right Lower Extremity _____ Left Right Non-vascular Extremity Upper Extremity _____ Left Right Lower Extremity _____ Left Right AAA screening	Infant hips (with radiologist) Parotid Parotid Biopsy Lymph node biopsy Retroperitoneal limited (for AAA) <u>CT</u> Contrast per radiologists' discretion Head/Brain Face Neck-Soft Tissue Chest Abdomen (to iliac crest only) Pelvis (does not include abdomen) Sinus C-Spine T-Spine	L-Spine Upper Extremity Region: _____ Left Right Lower Extremity Region: _____ Left Right Other _____ <u>CT Cardiac</u> Coronary Calcium Scoring CT Angio Coronaries <u>CT Angiography</u> CTA Head CTA Neck CTA Renal CTA Aorta CTA Legs/Lower Extremity Runoff CTA Pulmonary CTA Other _____	Contrast per radiologists' discretion Brain Abdomen Pelvis MRCP C-Spine T-Spine L-Spine Shoulder Left Right Knee Left Right Hip Left Right Other _____ MRI Arthrography Shoulder Left Right Hip Left Right Other Joint Left Right

+ Important Information For Patients

EXAM PREP

Visit our website at saltzerhealth.com/imaging for details on how to prepare for your exam. If you have questions regarding your procedure, call us at 208-960-0725.

The following procedures require you to prep for your exam:

MRI, MRI Abdomen/Pelvis, CT, Ultrasound – abdomen/Gall bladder, Ultrasound Pelvis/OB

READ BEFORE SCHEDULING

- Please let our schedulers know if you have allergies to iodine, other medications.
- If there is a possibility that you are pregnant or are breastfeeding, please let our office know at time of scheduling.
- All exams require an order from your doctor except for DEXA Body Composition exams.

SCHEDULING

- To schedule or reschedule by phone, call 208-960-0720.
- If you have any questions regarding your procedure, please contact our office and we will be glad to help you.

TEN MILE MEDICAL CAMPUS



875 S. Vanguard Way | Meridian

