

THE UNIVERSITY OF KANSAS HOSPITAL

Diagnostic Imaging Services

Center for Diagnostic Imaging
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KU MedWest
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Westwood Campus
2330 Shawnee Mission Pkwy
Westwood, KS 66205
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***** Please verify the location of your scheduled appointment. *****

Patient: _____ MR#: _____ Ordering physician: _____
DOB: _____ Insurance: _____ Attending Physy: _____
Phone (home): _____ ID & Group#: _____ Requesting Phys: _____
(Work): _____ Precert/ Authorization#: _____ Primary Phys: _____
(Cell/pager): _____ ICD 9 Code(s): _____ Office phone(s): _____

Reason(s) for exam: _____

Creatinine (CT / MRI/ IVP only): _____ Date: _____

Call report: _____ Phone: _____ After hrs phone: _____

Would you like for us to contact patient to schedule YES or NO Appointment Date/Time: _____

GENERAL RADIOLOGY

- CHEST
- ABDOMEN/KUB
- SKULL
- MANDIBLE
- PANOREX
- SINUSES
- RIBS RT LT BILAT
- SPINE C T L SC
- SCOLIOSIS AP LAT
- SCOLIOSIS SURVEY
- PELVIS
- PELVIS W/ LAT HIP BILAT
- HIP RT LT BILAT
- BONE AGE
- METASTATIC SURVEY
- UPPER EXT RT LT BILAT (SITE) _____
- LOWER EXT RT LT BILAT (SITE) _____
- VOIDING CYSTOGRAM
- IVP
- HYSTEROSALPINOGRAM
- BARIUM ENEMA
- SINGLE OR DOUBLE CONTRAST
- UGI
- UGI W/ SMALL BOWEL
- ESOPHAGUS
- SMALL BOWEL SERIES
- SWALLOW MOTION SERIES
- ARTHROGRAM RT LT BILAT (SITE) _____
- OTHER _____

BREAST IMAGING

- SCREENING
- DIAGNOSTIC RT LT BILAT
- EXTRA MAMMOGRAPHY VIEWS (IF INDICATED)
- BREAST ULTRASOUND (IF INDICATED)
- BREAST - SONO RT LT BILAT
- BREAST BIOSPY STEREO OR SONOGRAPHY

BONE DENSITY/DEXA

- BONE DENSITY

SONO/ULTRASOUND

- ABDOMEN
- GALLBLADDER
- DOPPLER - CIRCLE ONE (LIVER, SMA, RENAL, AORTA/ ILIAC)
- PELVIS ___ TRANSVAGINAL (IF NEEDED)
- OBSTETRICAL
- KIDNEYS
- KIDNEYS W/ DOPPLER
- SCROTUM
- THYROID
- PARATHYROID
- HEAD/NECK
- EXTREMITY ___ RT LT BILAT
- LOWER EXT COLOR DOPPLER ARTERY RT LT BILAT
- LOWER EXT COLOR DOPPLER VENOUS RT LT BILAT
- UPPER EXT COLOR DOPPLER ARTERY RT LT BILAT
- UPPER EXT COLOR DOPPLER VENOUS RT LT BILAT
- DOPPLER CAROTID
- DOPPLER EXTRACRANIAL
- OTHER _____

NUCLEAR MEDICINE

- THYROID UPTAKE
- THYROID SCAN
- THYROID CANCER RX
- THYROID HYPERTHYROID RX
- BRAIN SPECT
- PARATHYROID SCAN
- RENAL FUNCTION W/ LASIX
- RENAL FUNCTION W/ ACE
- VQ LUNG SCAN
- RVG (MUGA)
- LIVER/ SPLEEN SCAN
- HEPATOBIILIARY SCAN W/ CCK
- 3 PHASE BONE SCAN
- WHOLE BODY BONE SCAN
- BONE SPECT
- WBC IMAGING
- MIBG/ OCTREOTIDE/ PROSTASCINT/ GALLIUM WB SCAN (CIRCLE ONE)
- OTHER _____

PET/CT

- PET BRAIN METABOLISM/PERFUSION
- PET HEART METABOLISM/ PERFUSION
- PET TUMOR METABOLISM

CT IN COMBINATION W/ PET TUMOR METABOLISM ONLY

- CT HEAD ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- CT NECK ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- CT CHEST ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- CT ABDOMEN ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- CT PELVIS ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH

MRI

- HEAD ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- ORBITS ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- NECK ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- CHEST ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- BREAST RT LT BILAT
- BREAST BIOSPY RT LT BILAT
- CARDIAC ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- SPINE C - T - L - SC ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- ABDOMEN ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- PELVIS ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- MRCP
- UPPER EXT RT LT BILAT ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- LOWER EXT RT LT BILAT ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- UPPER EXT JOINT RT LT BILAT ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- LOWER EXT JOINT RT LT BILAT ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- MRA HEAD W/O CONTRAST
- MRA ABDOMEN W/ CONTRAST
- MRA PELVIS W/ CONTRAST
- MRA UPPER EXT W/ CONTRAST RT LT BILAT
- MRA LOWER EXT W/ CONTRAST RT LT BILAT
- SPECTROSCOPY
- OTHER: _____

CT

- MAXIFACIAL/ORBITS ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- HEAD ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- NECK ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- CHEST ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- ABDOMEN ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- PELVIS ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- UPPER EXT ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- LOWER EXT ___ W/ CONTRAST ___ W/O CONTRAST ___ BOTH
- CALCIUM SCORING
- CTA HEAD
- CTA CHEST
- CTA ABDOMEN
- CTA PELVIS
- CTA UPPER EXT _____
- CTA LOWER EXT _____
- 3D RECONSTRUCTION
- OTHER: _____

Signature: _____

Print Name: _____

Date: _____