

PATIENT NAME: _____ DOB: _____ TODAY'S DATE: _____
first name middle initial last name

DAY PHONE: _____ CELL: _____

REFERRING PHYSICIAN: _____ LAB USED: _____ BUN/CREAT: _____ DATE DRAWN: _____

CLINIC BACK LINE PHONE: _____ I-STAT: _____ INSURANCE COMPANY: _____
(if indicated)

RESULTS DELIVERY: BY PHONE #: _____ BY FAX #: _____
(check preference)

PATIENT TO CARRY CD IMAGES PATIENT TO CARRY FILMS DELIVER FILMS TO: _____

INDICATION: _____ SPECIAL REQUESTS/INSTRUCTIONS: _____

PHYSICIAN SIGNATURE: _____ PROVIDER ID: _____

CT – Routine Examinations

- CT** **CTA**
- With Contrast** **Without Contrast**
- Brain
 - Neck (soft tissue)
 - Chest
 - Abdomen (does not include pelvis unless pelvis also ordered)
Optional Organ-Focused:
 Liver Pancreas Kidney Adrenal
 - Pelvis
 - Facial Bones
 - Orbits
 - Temporal Bones
 - Sinus Landmark Instatrak
 - Spine: Cervical Thoracic Lumbar
 - Extremity: _____
 - Run-Off: _____
 - Other: _____

CT – Specialized Examinations

- Kidney Stone (for urinary tract calculi includes KUB)
- Enterography (replaces SBFT for most indications)
- Hematuria/CT IVP (w/u of painless hematuria includes 3D)
- High Resolution Chest (diffuse pulmonary disease)
- Chest for Pulmonary Embolus
- Low Dose CT Chest Lung Cancer Screening
- CT Colonography
- CT Arthrogram Specify Joint: _____
- Other: _____

Breast Imaging

- 3-D Mammography Screening (Bellevue) R L Bilateral
- 3-D Mammography Diagnostic (Bellevue) R L Bilateral
- 3-D Mammography Screening R L Bilateral
- 3-D Mammography Diagnostic R L Bilateral
- Stereotactic Biopsy R L Bilateral
- MRI Guided Breast Biopsy
- Breast Biopsy Needle Localization
- Ultrasound Guided Biopsy
- Breast Cyst Aspiration R L Bilateral
- Other: _____

DEXA

- DEXA Bone Densitometry

Interventional Radiology

- Consult
- Reason for Consult: _____

MR Examinations

- MRI** **MRA**
- With Contrast** **Without Contrast**
- Brain IAC Orbits Pituitary Trigeminal
 - Neck (soft tissue)
 - Abdomen MRCP
 Liver Pancreas Kidney Adrenal
 - Pelvis Soft Tissue Pelvis Bony
 - Brachial Plexus R L Bilateral
 - MRA: Aorta Carotid Arteries
 Renal Arteries Cerebral
 Mesenteric Arteries
 - MRV (specify location): _____
 - Breast R L Bilateral
 - Spine: Cervical Thoracic Lumbar
 - MR Arthrogram: _____
 - Knee R L
 - Shoulder R L
 - Hip R L
 - Wrist R L
 - Ankle R L
 - Elbow R L
 - Hand R L
 - Foot R L
 - Other: _____

X-Ray

- Chest 1 View 2 View
- Abdomen KUB 3 View
- Pelvis
- Femur R L
- Tib/Fib R L
- Ribs R L Bilateral
- Ribs (includes PA chest)
- Hip R L Bilateral
- Knee R L Bilateral
- Ankle R L Bilateral
- Foot R L Bilateral
- Shoulder R L Bilateral
- Elbow R L Bilateral
- Wrist R L Bilateral
- Hand R L Bilateral
- Spine Cervical Thoracic Lumbar
 Standard 3 View With Obliques Flex/Ext
- Sinuses
- Single Waters View Full Series
- Other: _____

Ultrasound

- Abdomen Abdomen With Doppler
- Pelvis With Transvaginal
- Obstetric (1st trimester) With Transvaginal
- Obstetric (2nd/3rd trimester)
- Testicular Prostate
- Renal/Retroperitoneal
- Renal Renal With Renal Artery Doppler
- Renal Transplant
- Thyroid
- Breast R L Bilateral
- AAA
- Other: _____

Nuclear Medicine

- PET-CT Indication: _____
- Cardiac Viability Myocardial Perfusion Brain
- Oncology (Please check Whole Body or Skull to Mid Thigh)
 Whole Body Skull to Mid Thigh
- Bone 3 Phase Limited Whole Body
- SPECT Location: _____
- Plain Films per Radiologist as Necessary VQ Scan
- Hepatobiliary: Scan EF (CCK)
- MUGA GI Empty
- Myocardial Perfusion SPECT Renal Scan
- Parathyroid
- Thyroid: Whole Body Diagnostic
- Other: _____

Cardiac Studies

- Cardiac CT Cardiac MR
- Cardiac Nuclear Medicine Calcium Scoring
- Other: _____

Fluoroscopy

- Barium Enema (BE) BE Without Air BE With Air
- Esophagram UGI
- Lumbar Puncture
- Modified Barium Swallow
- Small Bowel Follow Through (SBFT)
Consider CT enterography for most indications
- Hysterosalpingogram Cystogram Arthrogram
- Myelogram IVP With Tomograms
Renal Stone CT or CT IVP suggested for most indications
- VCUG Other: _____

ORD-MR-0276 (Rev. 06/18)

CONTACT INFORMATION

Centralized Scheduling

p: 402.559.2500 | fax: 402.559.3464
 Bellevue p: 402.763.3400, option 1 | fax: 402.763.3183

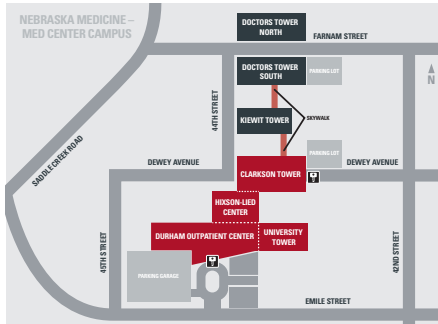
Interventional Radiology

p: 402.559.8574 | fax: 402.559.3050
 Bellevue p: 402.763.3400, option 1 | fax: 402.763.3183

Preauthorization (for all locations)

p: 402.559.2110 | fax: 402.559.9887

	MRI 1.5T	MRI 3T	PET-CT	CT	US	X-RAY	MAMMO 3D	DEXA	NUC MED	FLUORO	IR SUITE
Hixson-Lied Center	●	●		●							●
University Tower			●		●	●		●	●	●	
Doctors Tower South						●					
Olson Center for Women's Health (Fourth Floor Durham Outpatient Center)					●		●	●			
Nebraska Medicine – Village Pointe	●			●	●	●	●	●			
Nebraska Medicine – Lauritzen Outpatient Center		●		●	●	●				●	
Fred & Pamela Buffett Cancer Center	●	●		●	●	●				●	
Nebraska Medicine – Bellevue	●			●	●	●	●	●	●	●	●

Locations

**Nebraska Medicine –
Nebraska Medical Center**

42nd St. and Dewey Ave. | Omaha, NE 68198
402.559.2500

University Tower | 4400 Emile St. (Circle Dr.)
402.559.2500

Durham Outpatient Center Entrance
Free Valet Parking*

Doctors Tower South | 4239 Farnam St., Ste. 622
402.559.2500 or 402.552.2777

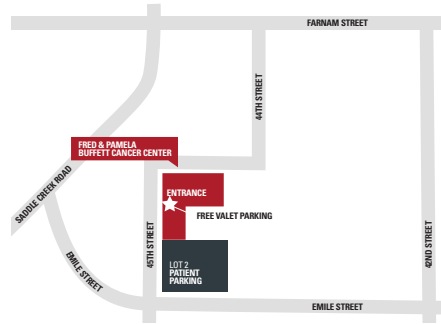
Farnam Street Entrance
Parking Lot Located East of Building

Durham Outpatient Center | 4400 Emile St. (Circle Dr.)
402.559.2500 or 402.559.4500

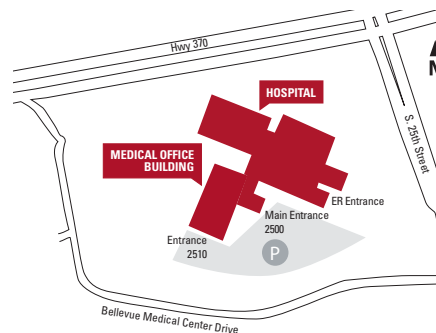
Durham Outpatient Center Entrance
Free Valet Parking*

Hixson-Lied Center | 402.559.2500
Durham Outpatient Center or Clarkson Tower Entrance
Free Valet Parking*

* No tipping necessary for valet parking.


**Fred & Pamela Buffett
Cancer Center**

505 S. 45th St. | Omaha, NE 68105
402.559.1900 *same day*


Nebraska Medicine – Bellevue

2500 Bellevue Medical Center Drive
Bellevue, NE 68123
402.763.3400, option 1


**Nebraska Medicine –
Village Pointe**

111 N. 175th St. | Omaha, NE 68118
402.596.3180 *same day*


**Nebraska Medicine –
Lauritzen Outpatient Center**

4014 Leavenworth St. | Omaha, NE 68105
402.559.0769 *same day*

**APPOINTMENT
INFORMATION**

Date: _____ Arrival Time: _____ AM/PM Location: _____