

PATIENT NAME: _____ DATE OF BIRTH: _____ 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 Renal Arteries Carotid 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 Flex/Ext
- Standard 3 View With Obliques*
- 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: _____

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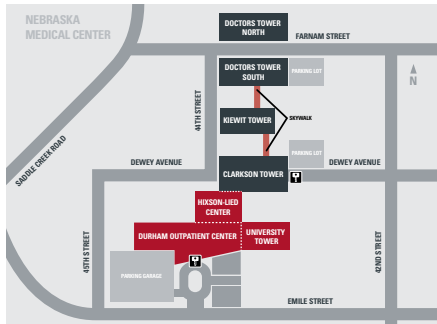
CONTACT INFORMATION

Radiology Contact Center
(for all locations)
 p: 402.559.2500 | fax: 402.559.3464

Interventional Radiology
 p: 402.559.8574 | fax: 402.559.3050
 Bellevue p: 402.763.3239 | fax: 402.763.3198

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			●		●	●		●	●	●	
Olson Center for Women's Health (Durham Outpatient Center)					●		●	●			
Village Pointe Health Center	●	●		●	●	●	●	●			
Lauritzen Outpatient Center		●		●	●	●				●	
Fred & Pamela Buffett Cancer Center – Nebraska Medical Center	●	●		●	●	●				●	
Bellevue Medical Center	●			●	●	●	●	●	●	●	●

Locations

Nebraska Medical Center

42nd Street and Dewey Avenue
402.559.2500

University Tower

4400 Emile St.
402.559.2500

Durham Outpatient Center Entrance

Free Valet Parking*

Durham Outpatient Center

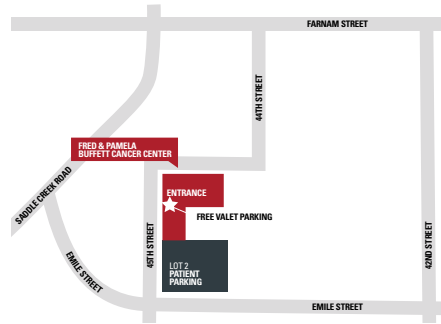
4400 Emile St.
402.559.2500 or 402.559.4500

Durham Outpatient Center Entrance

Free Valet Parking*

Hixson-Lied Center

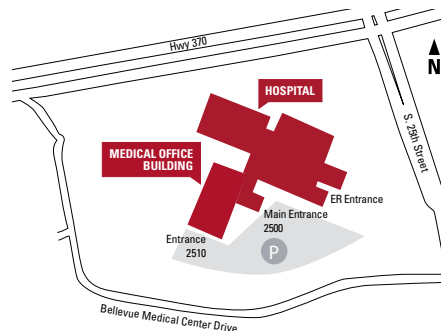
402.559.2500
Durham Outpatient Center or
Clarkson Tower Entrance
 Free Valet Parking*


Fred & Pamela Buffett Cancer Center – Nebraska Medical Center

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


Village Pointe Health Center

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


Bellevue Medical Center

2500 Bellevue Medical Center Drive
Bellevue, NE 68123
402.559.2500


Lauritzen Outpatient Center

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

* No tipping necessary for valet parking.

APPOINTMENT INFORMATION

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