

## **REGIONAL RADIOLOGY SERVICES**

ORDER FORM

PLEASE NOTE THAT ALL HIGHLIGHTED PORTIONS OF THE FORM ARE NEEDED FOR THE ORDER TO BE COMPLETE

## For Radiology orders:

- 1. Mark the requested study(ies)
- 2. Sign and date the form
- 3. Fax request to: 855-416-3847- right fax
- 4. Patient calls 303-338-3456 to schedule exams

Hours of operation: Mon-Fri 7am- 6pm

dering/Referring clinician (Please print):  ### Fax Number:   CC:	Patient Name (Last, First)				
dering/Referring clinician (Please print):  ffice Phone:    Fax Number:   CC:	Health Record Number:		DOB:	Gender:	
ffice Phone:    Fax Number:   CC:   State   CD: Yor N	Phone number:				
Fax Number:   CC:   CC:	Pertinent Medical Info. (e.g. weigh	nt, allergies, lab, LMP):			
Fax Number:   CC:   CC:					
Fax Number:   CC:   CC:					
D 10 Code:    Magnetic Resonance (MR)   Stat   CD: Y or N	Ordering/Referring clinician (Please print	:):			
D 10 Code:    Magnetic Resonance (MR)   Stat   CD: Y or N					
Routine (w/in 2 weeks) ASAP (1-2 Days) Stat CD: Y or N gn or Symptom/Diagnosis:  What happened? When did it happen? Where should we focus? What are you concerned for?  D 10 Code:    Magnetic Resonance (MR)	Office Phone:			r:	
Magnetic Resonance (MR)  D 10 Code:  Magnetic Resonance (MR)  Sired Study:  Cat Scan  Contrast? Yes		_	CC:		
Magnetic Resonance (MR)  Sesired Study:  Cat Scan  Contrast? Yes	Special Instructions:	Routine (w/in 2 weeks)	ASAP (1-2 Days)	Stat	CD: Y or N
Magnetic Resonance (MR)  Sesired Study:  Cat Scan  Contrast? Yes	Sign or Symptom/Diagnosis:	What hannened? When	did it hannen? Where should v	we focus? What are you cond	erned for?
Magnetic Resonance (MR)  ssired Study:  Cat Scan  Contrast?  Yes	Jight of Tymptom, Diagnosis.	What happened. When	and remappen. Where should t	ve locus. What are you conc	errica for .
Magnetic Resonance (MR)  ssired Study:  Cat Scan  Contrast?  Yes					
Magnetic Resonance (MR)  ssired Study:  Cat Scan  Contrast?  Yes					
Magnetic Resonance (MR)  ssired Study:  Cat Scan  Contrast?  Yes					
Contrast? Yes   No   Sesired Study:  Nuclear Medicine/ PET Sesired Study:  Ultrasound Sesired Study:  Screening Diagnostic  Fluoroscopy Sesired Study:  General Radiography Right Left Bilateral	ICD 10 Code:				
Contrast? Yes   No   Sesired Study:  Nuclear Medicine/ PET Sesired Study:  Ultrasound Sesired Study:  Screening Diagnostic  Fluoroscopy Sesired Study:  General Radiography Right Left Bilateral	Manustis Bassassas	(0.4D)			
Cat Scan  Contrast?  Yes		(MR)		Contract2	
Cat Scan  Nuclear Medicine/ PET  Pasired Study:  Ultrasound  Sesired Study:  Screening Diagnostic  BMD  Pasired Study:  General Radiography  Right Left Bilateral	Sesiled Study.				No 🗆
Nuclear Medicine/ PET  ssired Study:  Ultrasound  ssired Study:  Screening Diagnostic  BMD  ssired Study:  Fluoroscopy ssired Study:  General Radiography ssired Study:  Date:  Right Left Bilateral	Cat Scan				NO 🗆
Nuclear Medicine/ PET  ssired Study:  Ultrasound  ssired Study:  Screening Diagnostic  BMD  ssired Study:  Fluoroscopy ssired Study:  General Radiography ssired Study:  Diagnostic  Right Left Bilateral	Desired Study:				No 🗆
Ultrasound  ssired Study:  Mammography  ssired Study:  Screening Diagnostic  BMD  ssired Study:  Fluoroscopy  ssired Study:  General Radiography  ssired Study:  Left Bilateral					
Ultrasound esired Study:  Mammography esired Study:  Screening Diagnostic  BMD esired Study:  Fluoroscopy esired Study:  General Radiography esired Study:  Left Bilateral		PET			
Mammography esired Study:  Screening Diagnostic  BMD  esired Study:  Fluoroscopy esired Study:  General Radiography esired Study:  Left Bilateral	Desired Study:				
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Screening Diagnostic  BMD  Pasired Study:  Fluoroscopy  Pasired Study:  General Radiography Pasired Study:  Left Bilateral	besiled study.				
Screening Diagnostic  BMD  Pasired Study:  Fluoroscopy  Pasired Study:  General Radiography Pasired Study:  Left Bilateral	Mammography	1			
BMD  esired Study:  Fluoroscopy  esired Study:  General Radiography  Esired Study:  Left Bilateral	Desired Study:	•		Screening	
Fluoroscopy  esired Study:  General Radiography Right esired Study:  Left Bilateral					
Fluoroscopy esired Study:  General Radiography esired Study:  Right Left Bilateral					
General Radiography Right esired Study:  Left Bilateral	Desired Study:				
General Radiography Right esired Study:  Left Bilateral	-1				
General Radiography Right Esired Study: Left Bilateral					
Left Bilateral	Desired Study.				
Left Bilateral	General Radiogra	nhv		 Right	
Bilateral	Desired Study:	,			
Date:					
Ordering Clinician's Signature:					
	Ordering Clinician's Signature:			Date:	