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Patient Name _____ DOB _____ Phone _____

Diagnosis/ICD Code(s)/Signs & Symptoms _____

Injury Date _____ Male Female Weight _____

Insurance Type(s) _____ Preauthorization # _____

GENERAL X-RAY

Head

- Skull
- Facial Bones
- Orbits (for foreign body)
- Mandible
- Nasal Bones
- Sinuses

Spine

- Cervical Spine
- Cervical Spine (Flex. & Ext.)
- Thoracic Spine
- Lumbar Spine
- Lumbar Spine (Flex. & Ext.)
- Sacrum/Coccyx
- Sacroiliac Joints
- Scoliosis
- Postural _____
- Complete Spine

Thorax

- Chest _____
- Ribs
- Sternoclavicular Joints
- Sternum

Abdomen

- Abdomen (KUB & upright)
- Abdomen Series (inc. PA CXR)
- KUB

Upper Extremities

- Clavicle
- AC Joints
- Shoulder
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Hand

- Finger _____
- Bone Age Studies
- Upper Extremity (Infant)

Lower Extremities

- Pelvis
- Hip
- Femur
- Knee
- Leg (Lower)
- Ankle
- Os Calcis
- Foot
- Toe _____
- Lower Extremity (Infant)
- Bone Length Studies ¹

FLUOROSCOPY ¹

Barium Studies

- Esophagus
- UGI with Air
- Small Bowel
- UGI/Small Bowel
- Barium Enema (BE)
- BE with Air

ULTRASOUND

Abdomen

- Abdomen
- Aorta
- Renal Renal Artery
- Bladder
- Pelvic

- Prostate
- Scrotal

Neck

- Thyroid
- Lymph Node Mapping
- Soft Tissue Neck
- Thyroid Biopsy
- Lt qty ____ Rt qty ____
- Thyroid Aspiration
- Lt qty ____ Rt qty ____

OB

- OB <14 weeks
- OB >14 weeks
- BPP
- Limited/Growth

Venous

- Carotid
- Arm Vein
- Arm Artery
- Leg Vein
- Leg Artery

MISCELLANEOUS

Arthrograms

Refer to MR Referral Form

- Bone Densitometry (DEXA):
- Bone Survey
- Other: _____

Referring Physician/Provider Information

Signature or stamp  _____

Physician/Provider Printed Name _____

Form filled out by _____

Office Phone _____ Office Fax _____