LANDMARK HOSPITAL®

Landmark Hospital of Savannah
800 East 68th Street
Savannah, Georgia 31405-4710
Radiology Scheduling: (912) 298-1038
Radiology Fax: (912) 298-1057

Outpatient CT Order Form

Date: _____

Last Name: _____ First Name: _____ MI: _____

DOB: _____ ☐ Male ☐ Female Phone: _____

Reason for Exam: _____ Diagnostic Code:_____

Referring MD: _____ Phone:_____ Fax:_____

Report(s) to be faxed to: _____ Fax: _____

Please check the requested exam(s) below along with left or right, and IV and/or PO contrast designation.

- ☐ Brain ☐ w/o IV contrast ☐ with IV contrast
- ☐ Sinuses w/o
- ☐ Facial bones w/o
- ☐ Orbits ☐ w/o IV contrast ☐ with IV contrast
- ☐ Soft Tissue Neck ☐ w/o IV contrast ☐ with IV contrast
- ☐ Cervical spine w/o
- ☐ Thoracic spine w/o
- ☐ Lumbar spine w/o
- ☐ Chest ☐ w/o IV contrast ☐ with IV contrast
- ☐ Abdomen ☐ w/o IV contrast ☐ with IV contrast ☐ with PO contrast
- ☐ Pelvis ☐ w/o IV contrast ☐ with IV contrast ☐ with PO contrast
- ☐ Abdomen/Pelvis ☐ w/o IV contrast ☐ with IV contrast ☐ with PO contrast
- ☐ Abdomen/Pelvis Renal Stone
- ☐ Chest/Abdomen/Pelvis ☐ w/o IV contrast ☐ with IV contrast ☐ with PO contrast

- ☐ CTA Chest ☐ CTA Chest with PE Protocol
- ☐ CTA Abdomen/Pelvis
- ☐ Shoulder ☐ right ☐ left ☐ w/o IV contrast ☐ with IV contrast
- ☐ **Elbow** ☐ right ☐ left ☐ w/o IV contrast ☐ with IV contrast
- ☐ Wrist ☐ right ☐ left ☐ w/o IV contrast ☐ with IV contrast
- ☐ Hip ☐ right ☐ left ☐ w/o IV contrast ☐ with IV contrast
- ☐ Knee ☐ right ☐ left ☐ w/o IV contrast ☐ with IV contrast
- ☐ Ankle ☐ right ☐ left ☐ w/o IV contrast ☐ with IV contrast
- ☐ Foot ☐ right ☐ left ☐ w/o IV contrast ☐ with IV contrast

Notes / Other Exams: _____

_____

_____

Physician Signature: _____ **Date:** _____ **Time:** _____