



For an appointment, call Radiology Scheduling or fax this form and include a copy of insurance card and creatinine level within the last 30 days (if available).

Date: _____

Outpatient CT Order Form

* Ordering Physicians: Patients undergoing outpatient radiology studies must be at least 18 years of age.

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
CTA Chest CTA Chest with PE Protocol
Sinuses w/o contrast CTA Abdomen/Pelvis
Facial bones w/o contrast Shoulder right left w/o IV contrast with IV contrast
Orbits w/o IV contrast with IV contrast Elbow right left w/o IV contrast with IV contrast
Soft Tissue Neck w/o IV contrast with IV contrast Wrist right left w/o IV contrast with IV contrast
Cervical spine w/o Hip right left w/o IV contrast with IV contrast
Thoracic spine w/o Knee right left w/o IV contrast with IV contrast
Lumbar spine w/o Ankle right left w/o IV contrast with IV contrast
Chest w/o IV contrast with IV contrast Foot right left 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

- May implement the following: Pregnancy Testing Protocol CrCL/GFR Contrast Induced Neuropathy Protocol
Oral Contrast Protocol IV Contrast Protocol Barium PO Contrast Protocol
Do not give IV contrast if the eGFR is less than 30mL/min and creatinine level is greater than 1.8mg/dL OR
I have reviewed the CrCl and eGFR and request IV contrast based on the following medical necessity:

Notes / Other Exams: _____

Physician Signature: _____ Date: _____ Time: _____