Main Order Form

Phone 919-232-4700 | Fax 919-235-3940

WAKE RADIOLOGY
UNC Health Rex

☐ STAT/CALL REPORT ☐ STAT/FAX REPORT TAX ID# 56-1427775 NPI# 1538123450

REQUIRED INFO *please print*

Patient First Name _____ Last Name _____ Date _____

DOB _____ ☐ Male ☐ Female Patient Phone _____ Parent /Guardian Name _____

Insurance Carrier _____ Auth# _____

Exam(s) Ordered *or check below* _____

History, Symptoms, Diagnosis or ICD Code *required* _____

Previous related imaging? ☐ Yes ☐ No If Yes, facility _____

Provider Name _____ *Stamped signatures are not acceptable*

Provider Signature _____

Practice Name _____ Practice Phone _____

Blue Cross Blue Shield patients with lumbar pain: Has pain lasted more than 28 days? ☐ Yes ☐ No

X-RAY & FLUOROSCOPY

☐ Abdomen ☐ 1 view ☐ 2 views ☐ 3 views
☐ Chest
☐ Paranasal sinuses ☐ Skull
☐ Rib with PA chest ☐ L ☐ R ☐ Both
☐ Scoliosis series
☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbosacral
☐ Joints & extremities ☐ L ☐ R *specify* _____
☐ Other _____
☐ Barium swallow/esophagram ☐ with barium tablet
☐ Small bowel follow-through (may take up to 4 hours)
☐ Upper GI ☐ Hysterosalpingogram (HSG)

BREAST IMAGING & BONE DENSITY

Mammogram
☐ Screening
☐ Diagnostic with ultrasound if medically indicated
☐ Bilateral ☐ L ☐ R ☐ with biopsy if medically indicated

Breast ultrasound
☐ Breast ultrasound
☐ L ☐ R ☐ With biopsy if medically indicated
☐ With diagnostic mammogram if medically indicated
☐ L ☐ R

Breast biopsy
☐ Stereotactic breast biopsy ☐ L ☐ R
☐ Ultrasound-guided cyst aspiration ☐ L ☐ R
☐ Ultrasound-guided core biopsy ☐ L ☐ R

Bone density
☐ Bone density (DXA) ☐ With TBS
☐ VFA
☐ Other _____

INTERVENTIONAL RADIOLOGY (IR)

For all IR orders call 919-788-1916 or Fax 919-781-1535

☐ Port Placement ☐ Port Removal
☐ Port Check
☐ Thoracentesis ☐ Therapeutic ☐ Diagnostic
☐ Paracentesis ☐ Therapeutic ☐ Diagnostic
☐ Tunneled Catheter ☐ Pleural ☐ Peritoneal
☐ IVC ☐ Placement ☐ Removal
☐ Biopsy/Aspiration _____
☐ Other _____

IR Clinic Consult
☐ Embolization
☐ Ablation
☐ Kyphoplasty
☐ Other _____

CT

☐ Contrast as determined by radiologist
☐ Without contrast ☐ With contrast
☐ Without & with contrast
☐ Please provide Creatinine *level* _____ *date* _____

Abdomen/Pelvis
☐ Abdomen/Pelvis ☐ Abdomen only ☐ Pelvis only
☐ Without contrast ☐ With contrast
☐ With & without contrast
☐ Renal Stone Protocol (CT abdomen/pelvis w/o contrast)
☐ Enterography
☐ Urogram

Chest
☐ Chest
☐ Pulmonary embolus ☐ High-resolution
☐ Nav bronch ☐ Pectus Deformity
☐ Lung nodule
☐ Lung screening ☐ Annual ☐ Short-term follow-up
☐ Coronary calcium scoring (CCS) (asymptomatic risk stratification)

Head/Neck
☐ Head/Brain ☐ Facial bones ☐ Orbits
☐ Temporal bones ☐ Sinus ☐ Soft tissue neck

Angiography
☐ Angiography *specify area* _____

Orthopedic
☐ Hardware in area of interest
☐ Extremity ☐ L ☐ R ☐ 3D recon *specify area* _____
☐ Arthrogram *specify joint* _____
☐ Steroid injection *specify joint/area* _____

Spine
☐ Cervical ☐ Thoracic ☐ Lumbosacral
☐ Other _____

ULTRASOUND

☐ Aorta ☐ AAA screening
☐ Abdomen (complete)
☐ Abdomen with Liver Elastography
☐ Carotid doppler
☐ Gallbladder/RUQ
☐ Shoulder ☐ L ☐ R
☐ 1st Trimester OB ultrasound w/endovaginal if medically indicated
☐ Pelvis
☐ Endovaginal Pelvic Ultrasound
☐ Groin ☐ L ☐ R
☐ Scrotum/testicular
☐ Soft tissue mass *specify area or extremity* _____
☐ Thyroid ☐ Thyroid biopsy if medically indicated
☐ Urinary tract (kidneys & bladder) ☐ Bladder only
☐ Venous doppler, lower extremity (DVT) ☐ L ☐ R
☐ Venous doppler, upper extremity ☐ L ☐ R
☐ Other _____

MRI

REQUIRED: COMPLETE THE MRI SAFETY CHECKLIST

☐ Contrast as determined by radiologist
☐ Without contrast
☐ Without and with contrast
☐ Draw Creatinine labs if medically indicated for contrast delivery

Head/Neck
☐ MRI Brain ☐ Pituitary ☐ Orbits ☐ IACs
☐ MRI Brain *specify* _____
☐ MRA Brain (Circle of Willis)
☐ MRV Head
☐ MRA Neck (arch & carotids)
☐ MRI Neck (soft tissue)

Spine
☐ Cervical ☐ Thoracic ☐ Lumbar
Notes _____
☐ Lumbosacral plexus ☐ Sacral plexus

Extremities – Upper and Lower
☐ Shoulder ☐ L ☐ R ☐ with MR Arthrogram
☐ Elbow ☐ L ☐ R ☐ with MR Arthrogram
☐ Forearm ☐ L ☐ R
☐ Wrist ☐ L ☐ R ☐ with MR Arthrogram
☐ Hand ☐ L ☐ R
☐ Hip ☐ L ☐ R ☐ with MR Arthrogram
☐ Knee ☐ L ☐ R ☐ with MR Arthrogram
☐ Ankle (including hind/midfoot)
☐ L ☐ R ☐ Achilles tendon
☐ Forefoot (hi-resolution)
☐ L ☐ R ☐ Forefoot/midfoot

Chest
☐ MRI Chest *specify* _____
☐ MRA Chest (thoracic aorta)
☐ MRI Brachial plexus

Breast
☐ MRI Breast (with & without contrast)
☐ Abbreviated (Fast) Breast MRI (self-pay)

Abdomen
☐ MRI Liver
☐ MRI Kidney/renal
☐ MRI Pancreas/MRCP
☐ MRI Abdomen *specify organ* _____
☐ MRA Abdomen-aorta
☐ MRA Abdomen-mesenteric
☐ MRA Renal

Pelvis
☐ Bony ☐ SI joints
☐ Soft tissue ☐ Female ☐ Prostate ☐ Rectal ☐ CA
Soft tissue *specify site* _____
☐ MRV Pelvis ☐ MRI Urogram
☐ Sacrum/Coccyx

Abdomen/Pelvis
☐ Enterography (MRE)

Peripheral
☐ MRA peripheral
☐ Other MRI/MRA/ _____

NUCLEAR MEDICINE

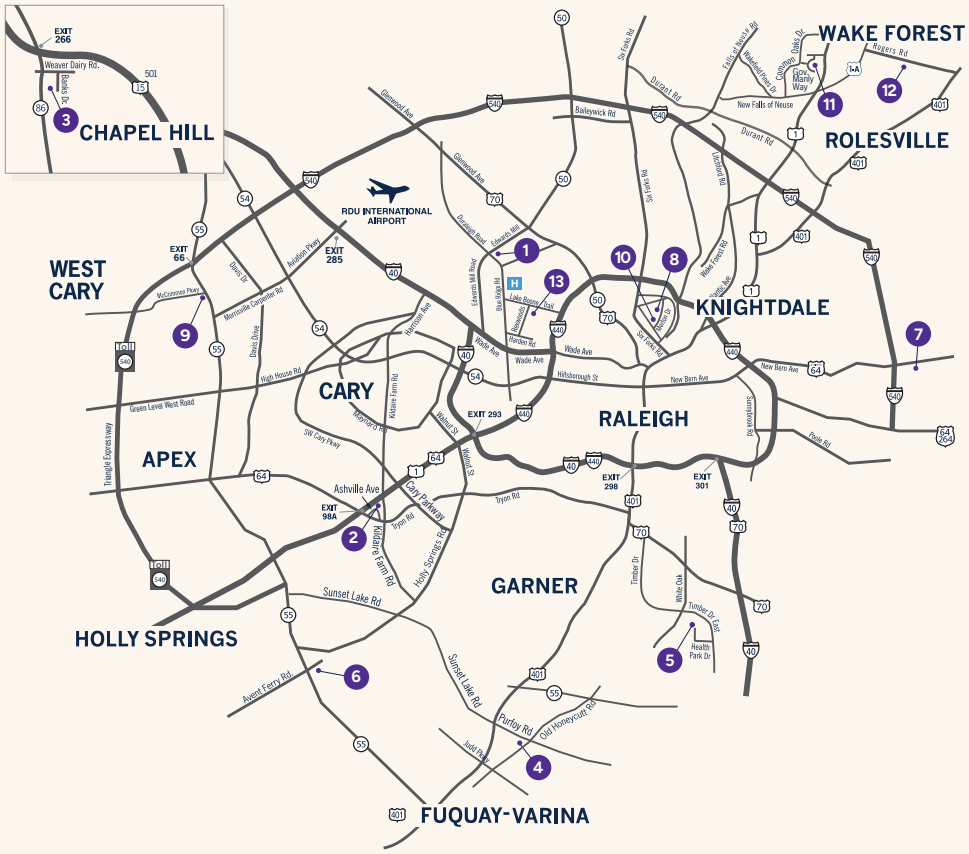
☐ **Bone scan** *(select type/area below)*
☐ Whole body ☐ Three-phase
☐ Limited area ☐ Multiple area
specify site _____
☐ X-ray for correlation of positive bone scan findings if indicated
☐ Gastric emptying scan
☐ Hepatobiliary (HIDA scan) ☐ with CCK ☐ without CCK
☐ Renal ☐ with diuretic
☐ Thyroid scan ☐ with RAIU
☐ Other _____

Services by Location

LOCATION	Bone Density (DXA)	CT	CT Arthrography	Fluoroscopy	Walk-in X-ray	MRI / MRA	3T MRI	MR Enterography	MR Arthrography	Interventional Services	Nuclear Medicine	Ultrasound (U/S)	Venous Doppler	Fine Needle Aspiration	U/S Guided Core Biopsy	U/S Guided Cyst Aspiration	3D Diagnostic Mammography	3D Screening Mammography	Breast Ultrasound	Breast MRI	MRI Guided Biopsy	Stereotactic Biopsy	Radioactive Seed Localization
Raleigh Breast Care Center	●													●	●	●	●	●	●			●	●
Cary + Cary Breast Care Center	●	●	●		●	●		●	●		●	●	●	●	●	●	●	●	●	●	●	●	
Chapel Hill	●	●			●	●		●				●	●		●	●	●	●	●	●		*	
Fuquay-Varina	●	●			●	●						●	●					●					
Garner	●	●			●	●	●	●				●	●				●	●	●	●			
Holly Springs	●				●	●						●	●					●					
Knightdale					●	●						●	●					●					
North Hills	●	●			●							●	●				●	●	●				
Panther Creek	●	●	●		●	●	●	●	●			●	●					●					
Raleigh MRI						●	●	●	●											●	●		
Wakefield	●	●		●	●	●						●	●				●	●	●	●			
Wake Forest	●	●			●	●						●	●					●					
West Raleigh + Interventional Services		●	●	●	●					●	●	●	●	●	●	●							

*Coming soon

1. **Raleigh Breast Care Center** | 919-784-6186
   3100 Duraleigh Rd., Ste. #204, Raleigh, NC 27612
2. **Cary** | 919-233-5338
   300 Ashville Ave., Ste. #100 & #180, Cary, NC 27518
   Cary Breast Care Center | 919-854-2187
   Ste. #310
3. **Chapel Hill** | 919-942-3196
   120 Banks Drive, Ste. #110, Chapel Hill, NC 27514
4. **Fuquay-Varina** | 919-346-5828
   7636 Purfoy Rd., Ste. #200, Fuquay-Varina, NC 27526
5. **Garner** | 919-662-9500
   300 Health Park Dr., Ste. #100, Garner, NC 27529
6. **Holly Springs** | 919-567-6140
   781 Avent Ferry Rd., Ste. #104, Holly Springs, NC 27540
7. **Knightdale** | 919-788-1970
   6602 Knightdale Blvd., Ste. #108, Knightdale, NC 27545
8. **North Hills** | 919-232-4702
   3821 Merton Dr., Raleigh, NC 27609
9. **Panther Creek** | 919-854-1923
   6715 McCrimmon Pkwy., Ste. #101, Cary, NC 27519
10. **Raleigh MRI** | 919-782-7666
    3811 Merton Dr., Raleigh, NC 27609
11. **Wakefield** | 919-570-7600
    11200 Governor Manly Way, Ste. #106, Raleigh, NC 27614
12. **Wake Forest** | 919-453-1800
    3150 Rogers Rd., Ste. #115, Wake Forest, NC 27587
13. **West Raleigh** | 919-781-6707
    4301 Lake Boone Trail, Ste. #100 & #103, Raleigh, NC 27607
    Interventional Services | 919-788-1916, Ste. #104



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WakeRad.com

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