WNJ Wilson N. Jones
REGIONAL MEDICAL CENTER

Department of Radiology & Imaging Services Outpatient Order Form
500 North Highland, Sherman, TX 75092
Radiology Scheduling (903) 870-3604 *Fax Orders (903) 891-2715 *Radiology Phone Tree (903) 870-4180

Patient Name: _____ Phone #: _____ DOB: _____ Appt Date/Time: _____

Physician Name: _____ Phone#: _____ Fax#: _____

Physician Signature: _____ Date: _____ Time: _____

Diagnosis/Reason for Exam: (1) _____ (2) _____ (3) _____

[ ] STAT [ ] Call Report [ ] Send CD [ ] Other Instructions _____

Precert#(s): _____

*All patients must REGISTER prior to imaging. RADIOLOGY (X-RAY) performed at MAIN hospital - Radiology Department.
**__BREAST IMAGING__ (Mammography) &/or *BONE DENSITY (Dexa) procedures performed at POB -Women's Imaging Center.
Please use dedicated "Breast Imaging" order form.

Chest

[ ] 1 View [ ] 2 View
[ ] Sternum

Abdomen

[ ] KUB [ ] 2 View (KUB & Upright) [ ] Sitz Mark

Head

[ ] Complete [ ] AP/Lateral
[ ] Skull [ ] Facial Bones [ ] TMJ
[ ] Sinuses [ ] Nasal bones
[ ] Soft Tissue Neck [ ] Orbits

Spine

[ ] Oblique Views
[ ] With Flexion & Extension Views
[ ] Weight Bearing
[ ] Cervical
[ ] Thoracic
[ ] Lumbar
[ ] Sacrum/Coccyx
[ ] Scoliosis Study
[ ] Metastatic/Skeletal Survey
[ ] Shunt Series
(AP/Lat of Skull, Neck, Chest & Abdomen)
[ ] Thoracolumbar Junction (T10-L3)
[ ] Instructions: _____

Musculoskeletal

[ ] Weight Bearing
[ ] Right [ ] Left [ ] Bilateral
[ ] Ribs [ ] A/C [ ] Shoulder
[ ] Clavicle [ ] Scapula
[ ] Humerus [ ] Elbow
[ ] Forearm [ ] Wrist
[ ] Bone Age [ ] Hand
[ ] Finger [ ] Hip
[ ] Femur [ ] Knee
[ ] Tib/Fib [ ] Ankle
[ ] Foot [ ] Heel (Calcaneus)
[ ] Toe
[ ] Views: _____

Fluoroscopy

[ ] Barium Swallow/Esophagus
[ ] Modified/Video Barium Swallow
w/ Speech Therapy
[ ] Upper GI [ ] Small Bowel
Barium Enema [ ] Air [ ] Solid

Ultrasound

[ ] Abdomen [ ] Aorta [ ] Carotid Doppler
[ ] Pelvic – Transvag if needed
[ ] Transvaginal Only [ ] Testicles-Scrotum
[ ] Thyroid [ ] Renal Limited
[ ] Renal Arteries [ ] Renal with Bladder Complete
[ ] OB Complete [ ] OB Limited
[ ] Venous Doppler Left Right Lower Upper
[ ] Arterial Doppler Left Right Lower Upper
[ ] PV Arterial Study (ABC/Segmental
Pressures): Lower Upper

Nuclear Medicine

NM Bone Scan
[ ] Whole Body [ ] Limited [ ] Three Phase
[ ] NM Bone Spect
[ ] NM Gastric Emptying
[ ] NM Hepatobiliary Scan [ ] with CCK
[ ] NM Infection/Tumor Imaging
[ ] NM Liver/Spleen Scan [ ] NM Lung Scan
[ ] NM Renal [ ] NM Cisternogram
[ ] NM Lymphoscintigraphy
[ ] NM Thyroid Uptake & Scan I-123
[ ] NM Thyroid Treatment I-131
[ ] NM Parathyroid

Special Procedures

[ ] Arthrogram: _____ [ ] HSG [ ] VCUG
Myelogram: [ ] Cervical [ ] Thoracic [ ] Lumbar
[ ] Myelogram 2 or more Regions
**Regions: _____
[ ] Lumbar Puncture: _____
[ ] Drainage: _____
[ ] Lumbar Epidural Steroid Injection
[ ] Biopsy: _____

Cat Scan (CT)
****Select Exam and Contrast****

CT Contrast

[ ] Creatnine if required
[ ] Oral Contrast
[ ] without IV Contrast [ ] with IV Contrast

CT Exam

[ ] CT Brain [ ] CT Sinuses [ ] CT Facial Bones
[ ] CT Urography w/ Lasix
[ ] CT Cervical [ ] CT Thoracic [ ] CT Lumbar
[ ] CT Chest [ ] CT Abdomen [ ] CT Pelvis
[ ] CT Abdomen/Pelvis [ ] CT Kidney Stone
[ ] CT Soft Tissue Neck [ ] CT Extremity
[ ] CT SI Joint Injection [ ] Left [ ] Right

CTA

[ ] CT Angiography: _____

MRI
****Select Exam and Contrast****

MRI Contrast

[ ] Creatnine if required
[ ] without IV Contrast [ ] with IV Contrast

MRI Exam

[ ] MRI with Anesthesia
[ ] MRI Cervical [ ] Thoracic [ ] Lumbar
[ ] MRI Brain [ ] MRI Pituitary [ ] MRI Liver
[ ] MRI Adrenals [ ] MRI Soft Tissue Neck
[ ] MRI Chest [ ] MRI Abdomen [ ] MRI Pelvis
[ ] MRI Extremity: _____
Side: Right Left

MRA

[ ] MRA Angiography: _____

Other Exam/Special Instructions:

_____
_____
_____
_____
_____