

ONSLOW MEMORIAL HOSPITAL IMAGING

910-577-2323 Scheduling

910-577-2324 Fax

Patient Name: (Last)	(First)	(MI)	Date of Birth	Last 4 SSN	Sex M F	Patient Phone # () () ()
Patient Address (Street Address)			(CITY)	(STATE)	(ZIP)	

CHECK ALL THAT APPLY: () ROUTINE () STAT () CALL RESULTS () SCHEDULED

EXAM AND HISTORY REQUIRED

RADIOGRAPHIC EXAMS

☐ Acute Abdomen

☐ AC joints

☐ Ankle ☐ Rt ☐ Lt

☐ Bone Age

☐ Bone Survey

☐ Chest 2 views

☐ Clavicle ☐ Rt ☐ Lt

☐ Elbow ☐ Rt ☐ Lt

☐ Facial Bones

☐ Forearm ☐ Rt ☐ Lt

☐ Foot ☐ Rt ☐ Lt

☐ Femur ☐ Rt ☐ Lt

☐ Hand ☐ Rt ☐ Lt

☐ Hip ☐ Rt ☐ Lt

☐ Humerus ☐ Rt ☐ Lt

☐ Knee ☐ Rt ☐ Lt

☐ KUB

☐ Lower Leg ☐ Rt ☐ Lt

☐ Mandible

☐ Nasal Bones

☐ Orbits

☐ Paranasal Sinuses

☐ Pelvis

☐ Ribs ☐ Rt ☐ Lt

☐ SI Joints

☐ Shoulder ☐ Rt ☐ Lt

☐ Soft Tissue Neck

☐ Spine Cervical

☐ Spine Thoracic

☐ Spine Lumbar

☐ Spine Sacrum/Coccyx

☐ Ba Swallow

☐ UGI

☐ UGI, Sm Bowel

☐ Sm Bowel

☐ IVP with Tomo

☐ BE with Air

☐ Hystero

☐ Arthrogram of _____

☐ Myclogram of _____

☐ Other _____

ULTRASOUND EXAMS

☐ Abdomen Complete

☐ Abdomen Single Organ/Area

☐ Aorta

☐ Breast

☐ Extremity Specify _____

☐ Non-OB Pelvis

☐ OB Pelvis

☐ Renal

☐ Scrotum

☐ Thyroid

☐ Biopsy of _____

☐ Other _____

NUCLEAR MEDICINE

☐ Bone Scan R/O Infection

☐ Bone Scan Whole Body

☐ Bone Scan Limited

☐ Bone Spect

☐ Gallium

☐ Gastric Emptying

☐ GI Scan

☐ Hepatobiliary

☐ Liver/Spleen

☐ Liver Spect

☐ Lung Perfusion

☐ Lung Ventilation

☐ Meckels

☐ Renal Captopril

☐ Renal with Lasix

☐ Thyroid Uptake

☐ Thyroid Uptake & Scan

☐ Thyroid Scan

☐ VCU

☐ Cardiolite Stress

☐ MUGA Resting

☐ Other _____

CT

☐ Abdomen & Pelvis without contrast

☐ Abdomen & Pelvis with & without contrast

☐ Brain without Contrast

☐ Brain with & without Contrast

☐ Cardiac Scoring

☐ Chest without contrast

☐ Chest with & without contrast

☐ CTA

☐ Extremity Specify _____

☐ IAC

☐ Neck Soft Tissue without contrast

☐ Neck Soft Tissue with & without contrast

☐ Orbits

☐ Reconstructions

☐ Sella

☐ Sinuses

☐ Spine Cervical @ levels _____

☐ Spine Thoracic @ levels _____

☐ Spine Lumbar @ levels _____

☐ Biopsy of _____

☐ Other _____

MRI ☐ with ☐ without

- Brain

☐ Brain

☐ IAC's

☐ Orbits

☐ TMJ's

- Spines

☐ Cervical

☐ Thoracic

☐ Lumbar

- Joints

☐ Shoulder

☐ Elbow

☐ Wrist

☐ Hips

☐ Knee

☐ Ankle

☐ Other (extremity) _____

☐ Abdomen (organ specific)

☐ Pelvis

☐ MRCP

- MRA

☐ COW (brain)

☐ Carotids (neck)

☐ Aorta

☐ Renals

☐ Peripherals

- MRI Arthrograrn

☐ Shoulder

☐ Wrist

☐ Hip

☐ Knee

☐ Other _____

Diagnosis <u>AND</u> ICD-9 Code(s) INCLUDE ALL (REQUIRED):	Physician Signature (REQUIRED):
---	--

PATIENT COPY



317 Western Boulevard
Jacksonville, NC 28546



Rev. 11/19

Page 1 of 1