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Radiology Associates of Venice and Englewood
DIPLOMATES AMERICAN BOARD OF RADIOLOGY

PATIENT NAME: ______________________ DATE OF BIRTH: __________ APPOINTMENT: ______________________

OBTAIN INSTRUCTIONS FROM OFFICE FOR ALL EXAMINATIONS WITH AN ASTERISK

RADIOGRAPHY:

- ☐ Digital Mammogram c̄ CAD
- ☐ Chest
- ☐ Ribs
- ☐ Pelvis
- ☐ Hip w/AP Pelvis
- ☐ Shoulder
- ☐ Lower Extremity ________
- ☐ Upper Extremity ________
- ☐ Trauma: Wrist or Hand
- ☐ Arthritis: Hands
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Abdomen-KUB
- ☐ Obstruction Series
- *☐ I.V. Pyelogram
- ☐ Cystogram
- ☐ Esophagram
- *☐ Upper G.I. Series
- *☐ Small Bowel
- *☐ Barium Enema
- ☐ Dexa Bone Density Scan
- ☐ Other area, Limited exam, etc ________________
- ☐ Arthrography ________________
- ☐ Joint Injections ________________

ULTRASONOGRAPHY:

- *☐ Abdomen
- *☐ Renal/ Post Void if indicated
- *☐ Aorta
- ☐ Breast
- ☐ Thyroid
- *☐ Pelvis/Transvaginal
- *☐ OB
- ☐ Testicular
- ☐ Limited exam (eq Transvaginal only)
- ☐ Other exam or biopsy__________

VASCULAR ULTRASOUND:

- ☐ Carotid ☐ Other ____________
- ☐ Renal Doppler c̄ Renal U.S.
- Extremity: ☐ Venous ☐ Arterial
  - ☐ Leg R L Bilat w/ABIs
  - ☐ Arm R L Bilat

CT WITH 3D RECONSTRUCTION:

- *☐ Head
- *☐ Chest
- ☐ Sinuses
- *☐ Neck
- *☐ Extremity
- *☐ Other area, Limited, etc.______________
- *☐ Abdomen/Pelvis
- *☐ Abdomen
- *☐ Pelvis
- *☐ Urogram
- ☐ Spine

CT ANGIOGRAPHY:

- *☐ Brain
- *☐ Carotid
- *☐ Renal
- *☐ Bilat Runoff
- *☐ Other ______________
- *☐ Abdomen/Pelvis
- *☐ Abdomen
- *☐ Pelvis
- *☐ Chest

CARDIAC CT:

- *☐ Coronary Angiogram
- *☐ Calcium Scoring

VIRTUAL COLONOSCOPY:

- *☐ Dx________________

NUCLEAR MEDICINE SCANS:

- ☐ Total Body Scan w/correlative Film
- ☐ 3 Phase Bone Scan
- ☐ Renal ☐ Renal c̄ Lasix
- ☐ Thyroid Uptake / Scan
- ☐ Parathyroid
- ☐ Lung ☐ Quantitative or ☐ Vent-Perfusion
- ☐ Other ________________
- ☐ Biliary ☐ Biliary c̄ EF
- ☐ I131 Therapy ☐ I131 WB
- ☐ MUGA (Resting)
- ☐ Gastric Emptying
- ☐ Liver-Spleen c̄ Spect

MRI WITH 3D RECONSTRUCTION:

- ☐ Brain and ☐ IAC ☐ Cranial Nerve ☐ Pituitary
- ☐ Orbit, Face or Neck
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Pelvis ☐ Sacrum/Coccyx
- ☐ Contrast at Radiologist discretion
- ☐ Other________________________
- ☐ ABD ☐ MRCP
- ☐ Breast ☐ Biopsy ____
- ☐ Joint ____________
- ☐ Arthrogram __________

PET/CT SCAN:

Dx __________

MR ANGIOGRAPHY:

- ☐ Brain
- ☐ Carotid
- ☐ Aorta
- ☐ Aorta and Bilat Runoff
- ☐ Renal
- ☐ Other __________

HISTORY/COMMENT: ________________________________

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BUN ________ CREATININE ________ DATE DRAWN ________

REFERRED BY: ________________________________

DUPLICATE TO: ________________________________

☐ **CALL REPORT**

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