



RADIOLOGY ASSOCIATES OF
VENICE & ENGLEWOOD

488-7781

PATIENT NAME: _____
DATE OF BIRTH: _____ PATIENT PHONE: _____
PHYSICIAN: _____
 CALL REPORT PHYSICIAN PHONE: _____
HISTORY/COMMENT: _____

CC: _____ APPOINTMENT: _____

WWW.RAVERAD.COM

VENICE
941-488-7781
FAX: 941-486-8991

ENGLEWOOD
941-475-5471
FAX: 941-475-4264

RADIOLOGY

- | | |
|-----------------------|--------------------|
| DIGITAL MAMMOGRAPHY | CERVICAL SPINE |
| CHEST | THORACIC SPINE |
| RIBS | LUMBAR SPINE |
| PELVIS | ABDOMEN-KUB |
| HIP | OBSTRUCTION SERIES |
| SHOULDER | I.V.PYELOGRAM |
| UPPER EXTREMITY | CYSTOGRAM |
| LOWER EXTREMITY | ESOPHAGRAM |
| TRAUMA: WRIST OR HAND | UPPER G.I. SERIES |
| ARTHRITIS: HANDS | SMALL BOWEL |
| OTHER: _____ | BARIUM ENEMA |

ULTRASOUND

- ABDOMEN
- AORTA
- RENAL
- BREAST
- THYROID
- PELVIS & TRANSVAGINAL
- TRANSVAGINAL ONLY
- OB
- TESTICULAR
- OTHER: _____

VASCULAR U/S

- CAROTID DOPPLER
- RENAL DOPPLER & RENAL U/S
- LEFT LEG ARTERIAL
- RIGHT LEG ARTERIAL
- LEFT LEG VENOUS
- RIGHT LEG VENOUS
- VISCERAL ARTERIAL
- DIALYSIS FISTULA/GRAFT
- OTHER: _____

CT WITH RECONSTRUCTIONS

- HEAD
- TEMPORAL BONES
- ORBITS
- MAXILLOFACIAL
- NECK
- CHEST WITH HIGH RES.
- ABDOMEN & PELVIS
- ABDOMEN
- PELVIS
- CT UROGRAM
- VIRTUAL COLONOGRAPHY
- SPINE: _____
- EXTREMITY: _____
- OTHER: _____

CT ANGIOGRAPHY

- BRAIN
- CAROTID
- AORTA
- RENAL
- BILATERAL RUNOFF
- OTHER: _____

CT CARDIAC

- CORONARY ANGIO
- CALCIUM SCORING

PET CT

- Dx: _____
- _____
- _____

NUCLEAR MEDICINE

- TOTAL BODY BONE SCAN
WITH CORRELATIVE FILM
- 3 PHASE BONE SCAN
- RENAL
- RENAL WITH LASIX
- THYROID UPTAKE & SCAN
- PARATHYROID
- LUNG QUANTITATIVE
- V/Q SCAN
- BILIARY
- BILIARY WITH E.F.
- I 131 THERAPY
- MUGA
- GASTRIC EMPTYING
- LIVER-SPLEEN WITH SPECT

MRI WITH RECONSTRUCTIONS

- BRAIN
- & IACs PITUITARY
- ORBIT, FACE OR NECK
- CERVICAL LUMBAR
- THORACIC SACRUM
- MRI BREAST
- MRI BREAST BIOPSY
- TMJ
- MRA: _____
- ABDOMEN
- MRCP
- PELVIS
- JOINT: _____
- WITH ARTHROGRAM
- OTHER: _____

INTERVENTIONAL CONSULT FOR:

- | | |
|--------------------|-----------------------|
| BIOPSY: _____ | CEREBRAL ANGIOGRAM |
| PARACENTESIS | CAROTID ANGIOGRAM |
| THORACENTESIS | SUBCLAVIAN ANGIOGRAM |
| PERICARDIOCENTESIS | RENAL |
| PORT PLACEMENT | VISCERAL |
| PICC | AORTAGRAM WITH RUNOFF |
| TRIPLE LUMEN CATH. | DIALYSIS FISTULAGRAM |
| TUNNELED DIALYSIS | BRONCHOGRAPHY |
| TEMPORARY DIALYSIS | THROMBOLYSIS |
| IVC FILTER | WITH PTA & STENT |

- VERTEBROPLASTY
- KYPHOPLASTY
- FACET BLOCK
- ESI
- SI JOINT INJECTION
- SYNVISC ADMINISTRATION
- STEROID ADMIN:
- ARTHROGRAPHY:
- PERC CHOLECYSTOSTOMY
- TIPSS
- GASTROSTOMY

- ABSCESS DRAINAGE
- PERC NEPHROSTOMY
- URETERAL STENT
- PERC BILIARY
- TUMOR ABLATION
- CHEMOEMBOLIZATION
- FIBROID EMBOLIZATION
- VARICOCELE EMBOLIZATION
- MEDICAL HEPATIC Bx
- MEDICAL RENAL Bx
- GASTROJEJUNOSTOMY

OTHER/SPECIFY SITE IF NEEDED: _____