RADIOLOGY REFERRAL FORM

Heartland IMAGING

Phone: (502)429-6500 Fax: (502)429-0770 Tax ID: 61-1379103

LOCATION: ❒ **Shelbyville Rd** (NPI: 1972084259) ❒ **Dixie Hwy** (NPI: 1497236772) ❒ **Woodland Dr** (NPI: 1881697613)

PATIENT INFORMATION	PROVIDER INFORMATION
Patient Name: _____	Provider Name: _____
Date of Birth: _____	***Signature:*** _____
Phone: _____	Provider Phone: _____
Insurance: _____	Provider Fax: _____
Policy/Group #: _____ / _____	Authorization # _____

ICD10 / DIAGNOSIS	HISTORY	SPECIAL INSTRUCTIONS / PROTOCOLS
_____	_____	_____
_____	_____	_____
_____	_____	_____

❒ **STAT READ (report only)** ❒ **STAT CALLBACK: (call phone)**_____ ❒ **HEARTLAND TO OBTAIN AUTH (CLINICAL NOTES REQUIRED)**

MRI

Radiologist to recommend contrast, unless otherwise specified here:

Contrast: ❒ with & without ❒ without

❒ Brain ❒ IAC ❒ Pituitary
❒ Orbits
❒ TMJ
❒ Soft Tissue Neck
❒ Brachial Plexus ❒ TOS
❒ MRA Brain
❒ MRV Brain
❒ MRA Carotid
❒ MRA Renal
❒ MRCP
❒ Pelvis
❒ Prostate
❒ Sacrum/Coccyx
❒ Abdomen ❒ Adrenals ❒ Pancreas ❒ Kidney ❒ Enterography ❒ Liver

❒ Spine ❒C ❒T ❒L
❒ Shoulder ❒ L ❒ R
❒ Humerus ❒ L ❒ R
❒ Elbow ❒ L ❒ R
❒ Forearm ❒ L ❒ R
❒ Wrist ❒ L ❒ R
❒ Hand ❒ L ❒ R
❒ Hip ❒ L ❒ R
❒ Femur ❒ L ❒ R
❒ Knee ❒ L ❒ R
❒ Tib/Fib ❒ L ❒ R
❒ Ankle ❒ L ❒ R
❒ Forefoot ❒ L ❒ R
❒ Midfoot ❒ L ❒ R
❒ Heel/Calc. ❒ L ❒ R

❒ Arthrogram: _____

CT

IV Contrast: ❒ with ❒ with & without ❒ without
Oral Contrast: ❒ with ❒ without

❒ Head
❒ Orbits
❒ Facial Bones
❒ IACs/Temporal Bones
❒ Sinus
❒ Soft Tissue Neck
❒ CTA Head
❒ CTA Neck
❒ CTA Chest (PE)
❒ CTA Aorta/Run-off
❒ Chest ❒ High Res
❒ Lung Screening
❒ Abdomen ❒ Adrenals ❒ Pancreas ❒ Kidney ❒ Enterography ❒ Liver

❒ Spine ❒C ❒T ❒L
❒ Shoulder ❒ L ❒ R
❒ Humerus ❒ L ❒ R
❒ Elbow ❒ L ❒ R
❒ Forearm ❒ L ❒ R
❒ Wrist ❒ L ❒ R
❒ Hand ❒ L ❒ R
❒ Hip ❒ L ❒ R
❒ Femur ❒ L ❒ R
❒ Knee ❒ L ❒ R
❒ Tib/Fib ❒ L ❒ R
❒ Ankle ❒ L ❒ R
❒ Foot ❒ L ❒ R
❒ Abd/Pelvis ❒ Stone
❒ Pelvis

❒ Arthrogram: _____

X-Ray / Dexa

❒ Flexion/Extension ❒ Weight Bearing (Knee Only)
# of views: _____ *If not specified, standard protocol will apply.*

❒ TMJ
❒ Skull
❒ Facial Bones
❒ Nasal Bones
❒ Chest (one view)
❒ Chest (PA & Lat)
❒ Ribs (Includes 1V chest)
❒ Cervical Spine
❒ Thoracic Spine
❒ Lumbar Spine
❒ Abdominal Series
❒ Abdomen (KUB)
❒ Scoliosis Series
❒ Other: _____

❒ Clavicle ❒ L ❒ R
❒ Shoulder ❒ L ❒ R
❒ Humerus ❒ L ❒ R
❒ Elbow ❒ L ❒ R
❒ Forearm ❒ L ❒ R
❒ Wrist ❒ L ❒ R
❒ Hand ❒ L ❒ R
❒ Finger ❒ L ❒ R
❒ Hip ❒ L ❒ R
❒ Femur ❒ L ❒ R
❒ Knee ❒ L ❒ R
❒ Tib/Fib ❒ L ❒ R
❒ Ankle ❒ L ❒ R
❒ Foot ❒ L ❒ R
❒ Toe ❒ L ❒ R

❒ DEXA: _____

Ultrasound

❒ Aorta
❒ Gallbladder
❒ Scrotum
❒ Pregnancy (1st T/Early OB)
❒ Thyroid
❒ Carotid
❒ Renal
❒ Pelvis w/ TV
❒ AAA Screening
❒ Abdomen Complete
❒ Abdomen Limited (specify): _____
❒ Soft Tissue (specify): _____
❒ Venous Doppler ❒ L ❒ R ❒ Up ❒ Lr
❒ Ext. Non-Vascular ❒ L ❒ R ❒ Up ❒ Lr

Mammography / Women's Imaging

❒ Screening Mammo
w/ diagnostic and/or breast US if indicated

❒ Diagnostic Mammo ❒L ❒R ❒Bilat
w/ breast US if indicated

OTHER