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CT Scans * Full Body Ultrasound * Bone Density (DEXA) Scans * Breast Imaging

EXAM ORDER FORM

Patient Name:	_ DOB: /	/	Ref. Phy	sician's Print	ed Name:
Primary Ins. Name & ID #:			Referring Physician's Signature: Secondary Ins. Name & ID #:		
DEXA (BONE DENSITY EXAM) Hip & Spine Forearm			□ N64.85	Asymmetry	Diagnosis:
ULTRASOUND VASCULAR: Carotid Upper Extremity:	ning OR	IJVen IJMor IJVend	nous nitoring [ous	J Left J Right J Bilateral	Diagnosis: ICD 10 Diagnostic Code:
BODY: Pelvis (Need Full Bladder) Soft Tissues (List Body Parts):	SPECIFIC ORGANS: ☐ Thyroid ☐ Right Upper Quadrant: (Gallbladder, Liver, Pancreas & Right Kidney) NPO- 4 hrs ☐ Renal, Kidney, Bladder ☐ Other:			nrs	Diagnosis: ICD 10 Diagnostic Code:
COMPUTED TOMOGRAPHY (CT Head (Choose: with OR without Sinuses Neck Cervical Spine Chest Low Dose Chest (Lung Cancer So Thoracic Spine Abdomen Abdomen & Pelvis Pelvis Lumbar Spine Soft Tissues (List Body Parts): Extremities (List Body Part):	Contrast)		With Contrast Without Contrast With & Without Contrast Angiograph	Diagnosi ICD 10 D IMPORTA • For Fas Authori • IF: Your 50+ yea THEN: Y	is:iagnostic Code:

Locations: