Newhope Imaging Center

DIAGNOSTIC EXCELLENCE
SUPERIOR SERVICE & CARE

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Tax ID# 45-4094065 / NPI# 1902177785

☐ Patient Carry CD
☐ Patient Cary Films
☐ Deliver Cd/Films

☐ **Call Report** # _____
☐ **Stat Report**

Patient Name: _____ DOB: _____ Today's Date: _____

Patient consented contact #: _____ Physicians Phone#: _____

Referring Physician (Name): _____ Referring Physician (Signature): _____

Insurance Company: _____ Ins. ID #: _____ CC Physician: _____

Clinical History **(ICD-10):** _____

Special requests/Instructions: _____

Labs needed for Contrast Studies if any of the following are marked: ☐ **Diabetes** ☐ **Renal Disease** ☐ **Age >60**
☐ **Hypertension** **Lab date (within 1 months)** ☐ **Needed Creatinine / GFR** _____ / _____

MRI

☐ With Contrast ☐ Without Contrast
☐ With and Without Contrast
☐ With and Without if indicated

☐ Knee R L
☐ Ankle R L
☐ Foot R L
☐ Wrist R L
☐ Elbow R L
☐ Hip R L
☐ Shoulder R L
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Brain
☐ IAC Protocol
☐ Pituitary Protocol
☐ Breast
☐ OTHER: _____
☐ MR Arthrogram specify _____

☐ Abdominal MRA with runoff
☐ Renal MRA
☐ Abdominal/Renal MRA
☐ Thoracic MRA
☐ Cervical Carotids (MRA Neck)
☐ Circle of Willis (MRA Head)
☐ Abdomen
☐ Pelvis
☐ MRCP

CT

☐ With Contrast ☐ Without Contrast
☐ With and Without Contrast
☐ With only or With and Without if indicated

☐ Brain ☐ Neck (soft tissues)
☐ Chest ☐ Chest PE study
☐ Kidney stone (no IV contrast)
☐ Abdomen/Pelvis
☐ Abdomen ☐ CTA Head
☐ Pelvis ☐ CTA Neck
☐ Facial Bones ☐ CTA Chest
☐ Orbits ☐ CTA Runoff
☐ Temporal Bones ☐ CTA Renal
☐ Sinus
☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Extremity: _____
☐ OTHER: _____

ULTRASOUND

☐ Abdomen Complete
☐ Abdomen Limited
☐ Aorta
☐ Bladder
☐ Breast ☐ R ☐ L ☐ Bilateral
☐ Carotids
☐ OB - Complete ____ weeks
☐ OB - Follow-up ____ weeks
☐ Pelvic Complete/With Endovaginal
☐ Pelvic Limited
☐ Transabdominal Only
☐ Endovaginal Only
(Water Prep. Needed)
☐ Lower Extremity ☐ R ☐ L ☐ Bilateral
☐ Venous ☐ Arterial ☐ Abi's
☐ STAT ☐ Routine
☐ Upper Extremity ☐ R ☐ L ☐ Bilateral
☐ Venous ☐ Arterial
☐ Renal ☐ Renal Doppler ☐ RAS
☐ Testicular
☐ Thyroid ☐ Neck
☐ Extremity ☐ Non Vascular ☐ Soft Tissue
☐ OTHER: _____

FLUORO EXAMS

☐ Upper GI – double contrast w/ KUB
☐ Upper GI with SBS – double contrast w/ KUB
☐ Small Bowel Series
☐ BE
☐ BE with AIR
☐ Esophagram
☐ Hysterosalpingogram (HSG)
☐ OTHER: _____

WALK-IN X-RAY

☐ Chest ☐ 1 View ☐ 2 View
☐ Abdomen/ KUB ☐ Upright ☐ Abd Series
☐ Pelvis
☐ Ribs w/ PA Chest ☐ R ☐ L ☐ Bilateral
☐ Hip ☐ R ☐ L ☐ Bilateral
☐ Knee ☐ R ☐ L ☐ Bilateral
☐ Ankle ☐ R ☐ L ☐ Bilateral
☐ Foot ☐ R ☐ L ☐ Bilateral
☐ Femur ☐ R ☐ L ☐ Bilateral
☐ Tib/Fib ☐ R ☐ L ☐ Bilateral
☐ Shoulder ☐ R ☐ L ☐ Bilateral
☐ Elbow ☐ R ☐ L ☐ Bilateral
☐ Wrist ☐ R ☐ L ☐ Bilateral
☐ Hand ☐ R ☐ L ☐ Bilateral
☐ Forearm ☐ R ☐ L ☐ Bilateral
☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ *Limited Views* ☐ *Complete*
☐ Sinuses
☐ *Single Waters View* ☐ *Full Series*
☐ OTHER: _____

MAMMOGRAPHY 2D/3D TOMO

☐ Bilateral Screening 2D/3D (with u/s if indicated)
☐ Bilateral Screening 2D/3D and bone density (with u/s if indicated)
☐ Diagnostic 2D/3D (with u/s if indicated)
☐ Left ☐ Right ☐ Bilatreral
☐ Breast Ultrasound
☐ Left ☐ Right ☐ Bilateral

BONE DENSITY/DEXA

☐ Bone Density / Dexa

LOW - DOSE CT LUNG SCREENING

☐ Age 55-74 (and must meet both criteria below):
☐ ≥ 30 Pack-Year History of Smoking
☐ Smoking Cessation <15 years

Current Smoker? ☐ Yes ☐ No
if no, how many years quit? _____
Is Patient Asymptomatic? ☐ Yes ☐ No

☐ Age ≥ 50 (and must meet both criteria below):
☐ ≥ 20 Pack-Year History of Smoking
☐ One Additional Risk Factor* _____

**Other than Second Hand Smoke, e.g. Radon Exposure, Occupational Exposure, Cancer History, Family History of Lung Cancer, Disease History (COPD or Pulmonary Fibrosis)*

Packs/ day (20 cigarettes/pack): _____ x Years Smoked _____ = Pack Years_____