

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MI</u>	<u>DOB</u>
<u>PATIENT HISTORY</u>			<u>SEX: M / F</u>
			<u>DATE</u>
<u>REQUESTING PHYSICIAN</u>			<u>ALLERGIES:</u>

PLAIN X-RAY STUDY OF:

Please insert study description _____

Please tick studies Requested

X-RAY PROCEDURES

Gastrointestinal Tract	Genitourinary Tract	Misc.	MAMMOGRAM
Ba Enema	IVP	Fistulogram	Diagnostic
Ba Meal	HSG	Sialogram	
Ba follow-through	Cystogram	Sinogram	
Ba Swallow	MCU		

ULTRASOUND

ULTRASOUND	Genitourinary Tract	Misc.	DOPPLER
Abdominal Search	Pelvis	Parotid / SM Gland	Carotid
Upper Abdomen	Obstetrical	Prostate	Lower Limb Arterial
Liver & Gallbladder	Obs. w/ Bio Profile	Scrotum	Lower Limb Venous
Left Upper Quadrant	Obs. Doppler	Soft Tissue	Portal Vein
Kidneys & Bladder	Breast	Other:	Renal
Abdominal Aorta	Infant Cranial	1	Upper Limb Arterial
Appendix	Thyroid	2	Upper Limb Venous

CT SCAN

Brain (Plain)	Nasopharynx	Pelvis	Calcium Scoring
Brain (Contrast)	Soft Tissue Neck	Lumbosacral Spine	CT Bronchoscopy
Pituitary Gland	C-Spine	CT Extremity	CT Colonoscopy
Fac Bones & Orbs	Thoracic Spine	Full Body Screening	CT Urogram
T.M. Joints	Chest / Mediastinum	Cerebral Angiogram	Other:
Modified Sinus	High-Res. Chest	Thoracic Aortogram	1
Full Sinuses	PE Study	Abd./Pel. Angiogram	2
Inner ear	Abdomen & Pelvis	Peripheral Angio	3