

THE UNIVERSITY OF KANSAS HOSPITAL

Diagnostic Imaging Services

Center for Diagnostic Imaging
1901 West 47th Place, Suite 105
Westwood, KS 66205
Phone (913) 262-7233
Fax (913) 262-7226

KU MedWest
7405 Renner Road
Shawnee, KS 66217
Phone (913) 588-8446
Fax (913) 588-2212

The University of Kansas Hospital
3901 Rainbow Blvd.
Kansas City, KS 66160
Phone (913) 588-6800
Fax (913) 588-7872

Westwood Campus
2330 Shawnee Mission Pkwy
Shawnee Mission, KS 66502
Phone (913) 588-4536
Fax (913) 588-0477

***** Please verify the location of your scheduled appointment. *****

Patient: _____ Insurance: _____ Ordering physician: _____
DOB: _____ ID & Group#: _____ Office Phone: _____
Phone (home): _____ Precert/ Authorization#: _____ Requesting Phys: _____
(Work): _____ ICD 9 Code(s): _____ Primary Phys: _____
(Cell/pager): _____ Office phone: _____

Reason(s) for exam: _____

Creatinine (CT / MRI/ IVP only): _____ Date: _____

Call report: _____ Phone: _____ After hrs phone: _____

Would you like for us to contact patient to schedule YES or NO Appointment Date/Time: _____

GENERAL RADIOLOGY

- CHEST
- ABDOMEN/KUB
- SKULL
- MANDIBLE
- PANOREX
- SINUSES
- RIBS RT LT BILAT
- SPINE C T L SC
- SCOLIOSIS AP LAT
- SCOLIOSIS SURVEY
- PELVIS
- PELVIS W/ LAT HIP BILAT
- HIP RT LT BILAT
- BONE AGE
- METASTATIC SURVEY
- UPPER EXT RT LT BILAT (SITE) _____
- LOWER EXT RT LT BILAT (SITE) _____
- VOIDING CYSTOGRAM
- IVP
- HYSTEROSALPINGOGRAM
- BARIUM ENEMA
- SINGLE OR DOUBLE CONTRAST
- UGI
- UGI W/ SMALL BOWEL
- ESOPHAGUS
- SMALL BOWEL SERIES
- SWALLOW MOTION SERIES
- ARTHROGRAM RT LT BILAT (SITE) _____
- OTHER _____

BREAST IMAGING

- SCREENING
- DIAGNOSTIC RT LT BILAT
- EXTRA MAMMOGRAPHY VIEWS (IF INDICATED)
- BREAST ULTRASOUND (IF INDICATED)
- BREAST - SONO RT LT BILAT
- BREAST BIOSPY STEREO OR SONOGRAPHY

BONE DENSITY/DEXA

- BONE DENSITY

SONO/ULTRASOUND

- ABDOMEN
- GALLBLADDER
- DOPPLER - CIRCLE ONE (LIVER, SMA, RENAL, AORTA/ ILIAC)
- PELVIS ____ TRANSVAGINAL (IF NEEDED)
- OBSTETRICAL
- KIDNEYS
- KIDNEYS W/ DOPPLER
- SCROTUM
- THYROID
- PARATHYROID
- HEAD/NECK
- EXTREMITY ____ RT LT BILAT
- LOWER EXT COLOR DOPPLER ARTERY RT LT BILAT
- LOWER EXT COLOR DOPPLER VENOUS RT LT BILAT
- UPPER EXT COLOR DOPPLER ARTERY RT LT BILAT
- UPPER EXT COLOR DOPPLER VENOUS RT LT BILAT
- DOPPLER CAROTID
- DOPPLER EXTRACRANIAL
- OTHER _____

NUCLEAR MEDICINE

- THYROID UPTAKE
- THYROID SCAN
- THYROID CANCER RX
- THYROID HYPERTHYROID RX
- BRAIN SPECT
- PARATHYROID SCAN
- RENAL FUNCTION W/ LASIX
- RENAL FUNCTION W/ ACE
- VQ LUNG SCAN
- RVG (MUGA)
- LIVER/ SPLEEN SCAN
- HEPATOBIILIARY SCAN W/ CCK
- 3 PHASE BONE SCAN
- WHOLE BODY BONE SCAN
- BONE SPECT
- WBC IMAGING
- MIBG/ OCTREOTIDE/ PROSTASCINT/ GALLIUM WB SCAN (CIRCLE ONE)
- OTHER _____

PET/CT

- PET BRAIN METABOLISM/PERFUSION
- PET HEART METABOLISM/ PERFUSION
- PET TUMOR METABOLISM

CT IN COMBINATION W/ PET TUMOR METABOLISM ONLY

- CT HEAD ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- CT NECK ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- CT CHEST ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- CT ABDOMEN ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- CT PELVIS ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH

MRI

- HEAD ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- ORBITS ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- NECK ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- CHEST ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- BREAST RT LT BILAT
- BREAST BIOSPY RT LT BILAT
- CARDIAC ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- SPINE C - T - L - SC
____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- ABDOMEN ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- PELVIS ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- MRCP
- UPPER EXT RT LT BILAT
____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- LOWER EXT RT LT BILAT
____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- UPPER EXT JOINT RT LT BILAT
____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- LOWER EXT JOINT RT LT BILAT
____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- MRA HEAD W/O CONTRAST
- MRA ABDOMEN W/ CONTRAST
- MRA PELVIS W/ CONTRAST
- MRA UPPER EXT W/ CONTRAST RT LT BILAT
- MRA LOWER EXT W/ CONTRAST RT LT BILAT
- SPECTROSCOPY
- OTHER: _____

CT

- MAXIFACIAL/ORBITS
____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- HEAD ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- NECK ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- CHEST ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- ABDOMEN ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- PELVIS ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- UPPER EXT ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- LOWER EXT ____ W/ CONTRAST ____ W/O CONTRAST ____ BOTH
- CALCIUM SCORING
- CTA HEAD
- CTA CHEST
- CTA ABDOMEN
- CTA PELVIS
- CTA UPPER EXT _____
- CTA LOWER EXT _____
- 3D RECONSTRUCTION
- OTHER: _____