



Community Radiology
of Virginia

Where accurate imaging
meets caring compassion.



Patient Information

Name

Date of Birth

Phone

Street Address

City, State & Zip Code

Clinical Information

Diagnostic Information / Codes

Patient Insurance Name

ID#

Auth. #

Physician Name

Phone

Physician Signature

Exam

Date

Time

MRI

Contrast: ☐ Without ☐ With & Without

☐ Additional X-Ray if needed to correlate exam.

HEAD

- ☐ Brain
- ☐ IAC's
- ☐ Orbits
- ☐ Pituitary Gland
- ☐ TMJ
- ☐ Soft-Tissue Neck

SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum/Coccyx

BODY

- ☐ Abdomen
- ☐ Chest
- ☐ Pelvis

EXTREMITY

- | | | |
|----------|-----------------------------|-----------------------------|
| Shoulder | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Elbow | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Wrist | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Hip | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Knee | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Ankle | <input type="checkbox"/> LT | <input type="checkbox"/> RT |

MRA

- ☐ Head
- ☐ Neck

Other:

CT

Contrast: ☐ Without ☐ With & Without

☐ Additional X-Ray if needed to correlate exam.

● If a CT scan without contrast has not been performed within the past 30 days, a CT scan with and without contrast will be required.

HEAD

- ☐ Brain/IACs/Pituitary
- ☐ Sinus
- ☐ Soft-Tissue Neck
- ☐ Orbit/Face/Neck

SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum

CT ANGIOGRAPHY

- ☐ Carotid
- ☐ Abdomen
- ☐ Head/Brain
- ☐ Chest

☐ Lung Cancer Screening

BODY

- ☐ Abdomen/Pelvis
- ☐ Chest
- ☐ Urogram
- ☐ Stone Protocol

EXTREMITY

- | | | |
|----------|-----------------------------|-----------------------------|
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| Wrist | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Hand | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Hip | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Knee | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Ankle | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| Foot | <input type="checkbox"/> LT | <input type="checkbox"/> RT |

Other:

3D MAMMOGRAPHY

☐ Screening (Z12.31 - Mammogram)

☐ Ultrasound (Breast)

☐ Diagnostic (Diagnosis Required)

☐ Bilateral ☐ LT ☐ RT

☐ Ultrasound (Breast)

☐ DEXA Screening

☐ Post-Menopausal

ULTRASOUND

- ☐ Doppler
- ☐ Abdomen
- ☐ Thyroid
- ☐ Arterial
- ☐ Extremity
- ☐ Venous
- ☐ Retroperitoneal
- ☐ Pelvic /
- ☐ Transvaginal

Other:

X-Ray

BODY

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum
- ☐ Chest
- ☐ Abdomen

Other:

EXTREMITY

- | | | |
|----------|-----------------------------|-----------------------------|
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www.CommunityRadiologyofVirginia.com