

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
first name middle initial last name

DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_ LAB USED: \_\_\_\_\_ BUN/CREAT: \_\_\_\_\_ DATE DRAWN: \_\_\_\_\_

 CLINIC BACK LINE PHONE: \_\_\_\_\_  I-STAT: \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_  
(if indicated)

 RESULTS DELIVERY:  BY PHONE #: \_\_\_\_\_  BY FAX #: \_\_\_\_\_  
(check preference)
 PATIENT TO CARRY CD IMAGES  PATIENT TO CARRY FILMS  DELIVER FILMS TO: \_\_\_\_\_

INDICATION: \_\_\_\_\_ SPECIAL REQUESTS/INSTRUCTIONS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ PROVIDER ID: \_\_\_\_\_

**CT – Routine Examinations**

- 
- CT**
- 
- CTA**
- 
- 
- With Contrast**
- 
- Without Contrast**
- 
- 
- Brain
- 
- 
- Neck (soft tissue)
- 
- 
- Chest
- 
- 
- Abdomen (does not include pelvis unless pelvis also ordered)
- 
- Optional Organ Focused:*
- 
- 
- Liver
- 
- Pancreas
- 
- Kidney
- 
- Adrenal
- 
- 
- Pelvis
- 
- 
- Facial Bones
- 
- 
- Orbits
- 
- 
- Temporal Bones
- 
- 
- Sinus
- 
- Landmark
- 
- Instatrak
- 
- 
- Spine:
- 
- Cervical
- 
- Thoracic
- 
- Lumbar
- 
- 
- Extremity: \_\_\_\_\_
- 
- 
- Run-off: \_\_\_\_\_
- 
- 
- Other: \_\_\_\_\_

**CT – Specialized Examinations**

- 
- Kidney Stone (for urinary tract calculi includes KUB)
- 
- 
- Enterography (replaces SBFT for most indications)
- 
- 
- Hematuria/CT IVP (w/u of painless hematuria includes 3D)
- 
- 
- High Resolution Chest (diffuse pulmonary disease)
- 
- 
- Chest for Pulmonary Embolus
- 
- 
- Low Dose CT Chest Lung Cancer Screening
- 
- 
- CT Colonography
- 
- 
- CT Arthrogram Specify Joint: \_\_\_\_\_
- 
- 
- Other: \_\_\_\_\_

**Breast Imaging**

- 
- 3-D Mammography Screening (Bellevue)
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- 3-D Mammography Diagnostic (Bellevue)
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- 3-D Mammography Screening
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- 3-D Mammography Diagnostic
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Stereotactic Biopsy
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- MRI Guided Breast Biopsy
- 
- 
- Breast Biopsy Needle Localization
- 
- 
- Ultrasound Guided Biopsy
- 
- 
- Breast Cyst Aspiration
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Other: \_\_\_\_\_

**DEXA**

- 
- DEXA Bone Densitometry

**Interventional Radiology**

- 
- Consult
- 
- Reason for Consult: \_\_\_\_\_

**MR Examinations**

- 
- MRI**
- 
- MRA**
- 
- 
- With Contrast**
- 
- Without Contrast**
- 
- 
- Brain
- 
- IAC
- 
- Orbits
- 
- Pituitary
- 
- Trigeminal
- 
- 
- Neck (soft tissue)
- 
- 
- Abdomen
- 
- MRCP
- 
- 
- Liver
- 
- Pancreas
- 
- Kidney
- 
- Adrenal
- 
- 
- Pelvis Soft Tissue
- 
- Pelvis Bony
- 
- 
- Brachial Plexus
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- MRA:
- 
- Aorta
- 
- Carotid Arteries
- 
- 
- Renal Arteries
- 
- Cerebral
- 
- 
- Mesenteric Arteries
- 
- 
- MRV (specify location): \_\_\_\_\_
- 
- 
- Breast
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Spine:
- 
- Cervical
- 
- Thoracic
- 
- Lumbar
- 
- 
- MR Arthrogram: \_\_\_\_\_
- 
- 
- Knee
- 
- R
- 
- L
- 
- 
- Shoulder
- 
- R
- 
- L
- 
- 
- Hip
- 
- R
- 
- L
- 
- 
- Wrist
- 
- R
- 
- L
- 
- 
- Ankle
- 
- R
- 
- L
- 
- 
- Elbow
- 
- R
- 
- L
- 
- 
- Hand
- 
- R
- 
- L
- 
- 
- Foot
- 
- R
- 
- L
- 
- 
- Other: \_\_\_\_\_

**X-Ray**

- 
- Chest
- 
- 1 View
- 
- 2 View
- 
- 
- Abdomen
- 
- KUB
- 
- 3 View
- 
- 
- Pelvis
- 
- 
- Femur
- 
- R
- 
- L
- 
- 
- Tib/Fib
- 
- R
- 
- L
- 
- 
- Ribs
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Ribs (includes PA chest)
- 
- 
- Hip
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Knee
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Ankle
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Foot
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Shoulder
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Elbow
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Wrist
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Hand
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- Spine
- 
- Cervical
- 
- Thoracic
- 
- Lumbar
- 
- 
- Standard 3 View
- 
- With Obliques
- 
- Flex/Ext
- 
- 
- Sinuses
- 
- 
- Single Waters View
- 
- Full Series
- 
- 
- Other: \_\_\_\_\_

**Ultrasound**

- 
- Abdomen
- 
- Abdomen with Doppler
- 
- 
- Pelvis
- 
- 
- With Transvaginal
- 
- 
- Obstetric (1st trimester)
- 
- 
- With Transvaginal
- 
- 
- Obstetric (2nd/3rd trimester)
- 
- 
- Testicular
- 
- Prostate
- 
- 
- Renal/Retroperitoneal
- 
- 
- Renal
- 
- Renal with Renal Artery Doppler
- 
- 
- Renal Transplant
- 
- 
- Thyroid
- 
- 
- Breast
- 
- R
- 
- L
- 
- Bilateral
- 
- 
- AAA
- 
- 
- Other: \_\_\_\_\_

**Nuclear Medicine**

- 
- PET-CT Indication: \_\_\_\_\_
- 
- 
- Cardiac Viability
- 
- Myocardial Perfusion
- 
- Brain
- 
- 
- Oncology (Please check Whole Body or Skull to Mid Thigh)
- 
- 
- Whole Body
- 
- Skull to Mid Thigh
- 
- 
- Bone
- 
- 3 Phase
- 
- Limited
- 
- Whole Body
- 
- 
- SPECT Location: \_\_\_\_\_
- 
- 
- Plain Films per Radiologist as Necessary
- 
- VQ Scan
- 
- 
- Hepatobiliary:
- 
- Scan
- 
- EF (CCK)
- 
- 
- MUGA
- 
- GI Empty
- 
- 
- Myocardial Perfusion SPECT
- 
- Renal Scan
- 
- 
- Parathyroid
- 
- 
- Thyroid:
- 
- Whole Body
- 
- Diagnostic
- 
- 
- Other: \_\_\_\_\_

**Cardiac Studies**

- 
- Cardiac CT
- 
- Cardiac MR
- 
- 
- Cardiac Nuclear Medicine
- 
- Calcium Scoring
- 
- 
- Other: \_\_\_\_\_

**Fluoroscopy**

- 
- Barium Enema (BE)
- 
- BE without Air
- 
- BE with Air
- 
- 
- Esophagram
- 
- UGI
- 
- 
- Lumbar Puncture
- 
- 
- Modified Barium Swallow
- 
- 
- Small Bowel Follow Through (SBFT)
- 
- Consider CT enterography for most indications
- 
- 
- Hysterosalpingogram
- 
- Cystogram
- 
- Arthrogram
- 
- 
- Myelogram
- 
- IVP with Tomograms
- 
- Renal Stone CT or CT IVP suggested for most indications
- 
- 
- VCUG
- 
- Other: \_\_\_\_\_

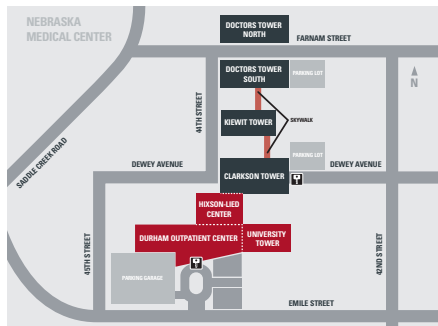
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**CONTACT INFORMATION**
**Radiology Contact Center**  
(for all locations)  
 p: 402.559.2500 | fax: 402.559.3464

**Interventional Radiology**  
 p: 402.559.8574 | fax: 402.559.3050  
 Bellevue p: 402.763.3239 | fax: 402.763.3198

**Preauthorization**  
(for all locations)  
 p: 402.559.2110 | fax: 402.559.9887

	MRI 1.5T	MRI 3T	PET-CT	CT	US	X-RAY	MAMMO 3D	DEXA	NUC MED	FLUORO	IR SUITE
Hixson-Lied Center	●	●		●							●
University Tower			●		●	●		●	●	●	
Olson Center for Women's Health (Durham Outpatient Center)					●		●	●			
Village Pointe Health Center	●	●		●	●	●	●	●			
Lauritzen Outpatient Center		●		●	●	●				●	
Fred & Pamela Buffett Cancer Center – Nebraska Medical Center	●	●		●	●	●				●	
Bellevue Medical Center	●			●	●	●	●	●	●	●	●

**Locations**

**Nebraska Medical Center**

42nd Street and Dewey Avenue  
Omaha, NE 68198  
402.559.2500

**University Tower**

4400 Emile St. (Circle Dr.)  
402.559.2500

**Durham Outpatient Center Entrance**

Free Valet Parking\*

**Durham Outpatient Center**

4400 Emile St. (Circle Drive)  
402.559.2500 or 402.559.4500

**Durham Outpatient Center Entrance**

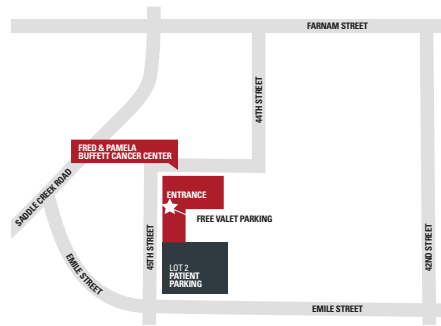
Free Valet Parking\*

**Hixson-Lied Center**

402.559.2500

**Durham Outpatient Center or Clarkson Tower Entrance**

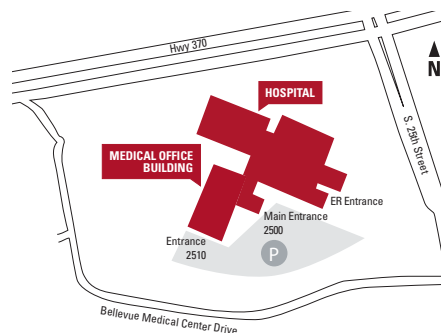
Free Valet Parking\*


**Fred & Pamela Buffett Cancer Center – Nebraska Medical Center**

505 S. 45th St. | Omaha, NE 68105  
402.559.1900 *same day*


**Village Pointe Health Center**

111 N. 175th Street | Omaha, NE 68118  
402.596.3180 *same day*


**Bellevue Medical Center**

2500 Bellevue Medical Center Drive  
Bellevue, NE 68123  
402.559.2500


**Lauritzen Outpatient Center**

4014 Leavenworth St. | Omaha, NE 68105  
402.559.0769 *same day*

\* No tipping necessary for valet parking.

**APPOINTMENT INFORMATION**

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ AM/PM Location: \_\_\_\_\_