



RADIOLOGY REQUEST FORM

WAYNE RADIOLOGISTS, P.A.

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Today's Date _____ Appointment Date _____ Time _____

Patient Name _____ DOB _____ Referring Physician _____

INSURANCE AUTHORIZATION # (required) _____

PHYSICIAN'S SIGNATURE (required) _____

Clinical Symptoms _____

Comparison Film - Yes No Telephone Report - Yes No Fax - Yes No

SCHEDULED CT PROCEDURES

- Creatinine (if known) _____
- Contraindication to contrast - Yes No
- CT Arteriogram (Specify) _____
- CT Pulmonary Emboli
- CT Urogram
- CT Virtual Colonoscopy
- Head without contrast Head with & without contrast
- Neck with contrast
- Chest with contrast
- Abdomen with contrast Pelvis with contrast
- Abdomen & Pelvis without contrast (helical for kidney stone) & KUB
- Screening Sinus Complete Sinus
- Temporal Bones/IAC'S with &/or without contrast
- Cervical Spine Lumbar Spine
- Bone Densitometry
- Other (Specify) _____

SCHEDULED ULTRASOUND PROCEDURES

- Carotid Duplex Doppler
- Gallbladder Liver Pancreas Spleen
- Abdominal Aorta
- Pelvis (transabdominal) Pelvis (transvaginal)
- Renal/Kidneys Renal Arteries Duplex Doppler
- Bladder (Pre & Post Void)
- Leg Venous Duplex Doppler Right Left
- Arm Venous Duplex Doppler Right Left
- Leg Arterial/Segmental Pressure
- Thyroid
- Testicular/Scrotum
- Breast Right Left (Area of concern) _____
- Hernia (Area of concern) _____
- Baby Hips Baby Spine Pylorus
- Other (Specify) _____

SCHEDULED NUCLEAR MEDICINE

- Bone Scan (Specify) _____
- Thyroid Scan Thyroid Uptake
- Liver/Spleen Scan
- Hepatobiliary Scan
- MUGA Scan (Resting)
- Lung Scan (Ventilation & Perfusion)
- I¹³¹ Thyroid Therapy
- Other (Specify) _____

SCHEDULED X-RAY PROCEDURES

- Barium Swallow
- Upper GI Series (Air-contrast if indicated)
- Small Bowel Series
- Barium Enema (Air-contrast if indicated)
- IVP with tomograms
- Digital Screening Mammography
- Digital Diagnostic Mammography
- Arthrogram with contrast (Specify) _____
- Other (Specify) _____

ROUTINE PROCEDURES

- (No Appointment Necessary)
- Chest
 - Ribs with Chest - Right Left
 - Abdominal Series
 - KUB
 - Extremity (Specify) _____
 - Spine (Specify) _____
 - Pelvis
 - Sinuses
 - Skull
 - Other (Specify) _____

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