

Name _____ DOB _____
Home Phone _____ Work/Cell Phone _____
Insurance Company _____
Pre-cert # _____

Central Scheduling	Phone: 603-230-7274 Fax: 227-7574
Location:	
<input type="checkbox"/> CH Radiology	<input type="checkbox"/> CH-Franklin Radiology
<input type="checkbox"/> CH-Laconia Radiology	<input type="checkbox"/> Concord Imaging Center at Pillsbury Building
	<input type="checkbox"/> Concord Imaging Center at Horseshoe Pond
Appointment date and time: _____	

DIAGNOSTIC OUTPATIENT ORDER

PLEASE ARRIVE AT DEPARTMENT FOR REGISTRATION 15 MINUTES PRIOR TO YOUR APPOINTMENT

(Check if applicable) I agree to allow the consulting Radiologist to modify ordered examinations, if appropriate, to answer my clinical questions.

Ordering Provider signature (required): _____	Date/Time: _____
Ordering Provider name (print): _____	
Physician address: _____	Phone: _____
Primary Care Provider: _____	

DIAGNOSTIC/CLINICAL INDICATION FOR TEST:

CT Scan	ICD-10	MRI	ICD-10
Abdomen		Brain	
Chest		Brain radiation planning	
CT Angio (specify):		Breast	
Head		Extremity (specify)	
Pelvis		Spine C T L	
Spine (specify):		MRA Brain	
Other (specify):		MRA extremity (specify):	
2-D or 3-D reconstructions		MRA neck	
<i>Reconstructions needed for diagnosis in certain cases</i>		Other (specify):	
DEXA-Bone Densitometry		Orbit films for foreign body if needed	
Dexa (CIC or DH only)		<i>Note: For patient's safety, an orbital x-ray may need to be performed</i>	
Diagnostic		Nuclear Medicine	
Chest PA & lat		Bone scan, limited	
Extremity, lower L R Bilat.		Bone scan, 3-phase	
Extremity, upper L R Bilat.		Bone scan, whole body with SPECT if necessary	
KUB (Kidney-Ureter-Bladder)		HIDA scan, with CCK for GBEF if necessary	
Pelvis		Renal function/obstruction scan	
Scoliosis screen		Gastric emptying scan	
Sinuses		Lung scan (Vent/Perf)	
Spine, cervical		Lung scan (Quantitative)	
Spine, thoracic		Thyroid scan	
Spine, lumbar/sacral		Thyroid scan with Uptake	
Other:		Other (specify):	
Fuoro Studies		Special Procedures	
Anthrogram (specify area)		Angiogram	
Barium enema with air		Other:	
Barium enema without air		Ultrasound	
Barium swallow		Abdomen	
IVP		Breast L R Bilat.	
Myelogram C T L		UL breast bx L R Bilat.	
Small bowel follow-through		Duplex leg vein L R Bilat.	
UGI		Kidney and bladder	
VCUG		Kidney (limited)	
Other (specify):		Pedi hips with stress	
		Pedi hips without stress	
		Pelvis w/transvaginal if necessary	
		Pregnancy w/transvaginal if necessary	
		Retroperitoneal (aorta)	
		Testicular	
		Thyroid	
		Other (specify):	

