



UNIVERSITY of WESTERN STATES

Integrating Health and Science

Request for Diagnostic Imaging

Appointment Date/Time: _____ Account#: _____ DOB/Age: _____

Patient Name: (Last, first, MI) _____ Gender: _____

Referring Physician: _____ Phone/Fax# _____ Address _____

Insurance/Billing Information: Insurance Co. _____ Patient ID# _____

ICD Code(s): _____

Billing method: Medical insurance Other insurance Worker's Comp Personal Injury Cash

Preferred Reporting Method: Mail CD/report Patient to carry CD IMMEDIATE phone report needed

Brief relevant history:

Routine exams: Spine, Thorax

- Cervical spine: AP, OM, Lateral add R/L obliques add flexion/extension
 Thoracic spine: AP, Lateral add swimmer's lateral
 Lumbar spine: AP, Lateral add AP spot axial add R/L obliques add L5/S1 lateral spot
 Pelvis: AP Upright
 Ribs: Right ___ Left ___ Upper ribs ___ Lower ribs ___
 Chest: PA, Lateral

Routine exams: Upper Extremity. Mark side: Right ___ Left ___ Bilateral for comparison ___

- Shoulder: AP internal/external rotation/Grashey add "Y" view add axial
 Clavicle: AP, Axial
 Acromioclavicular joint: bilateral with/without weights
 Elbow: AP, Lateral add radial head view
 Wrist: PA, Oblique, Lateral add scaphoid view add clenched fist
 Hand: PA, Oblique, Lateral add ball catcher view
 Finger/Thumb: PA/AP, Oblique, Lateral

Routine exams: Lower Extremity. Mark side: Right ___ Left ___ Bilateral for comparison ___

- Hip: AP, Frog-leg lateral
 Knee: AP, Lateral add tunnel view add sunrise view add oblique
 Ankle: AP, Medial oblique, Lateral
 Foot: AP, Medial oblique, Lateral
 Toe: AP, Oblique, Lateral
 Scanogram (leg length evaluation) add AP Pelvis upright
 Other radiographic exam not listed (be specific) _____

Musculoskeletal Ultrasound exams Mark side: Right ___ Left ___ Bilateral for comparison ___

- Shoulder Hip
 Elbow Knee
 Wrist Ankle Other region: _____

Attending Physician (UWS clinic only) signature: _____

Tech initial: _____ Intern last name: _____ Technical factors/notes: _____