Iowa Radiology

Diagnostic & Preventative Imaging Center

(515) 226-9810 515-226-8408
IowaRadiology.com

Patient Name ______________________________ **DOB** ______________

Appointment Date and Time ______________________

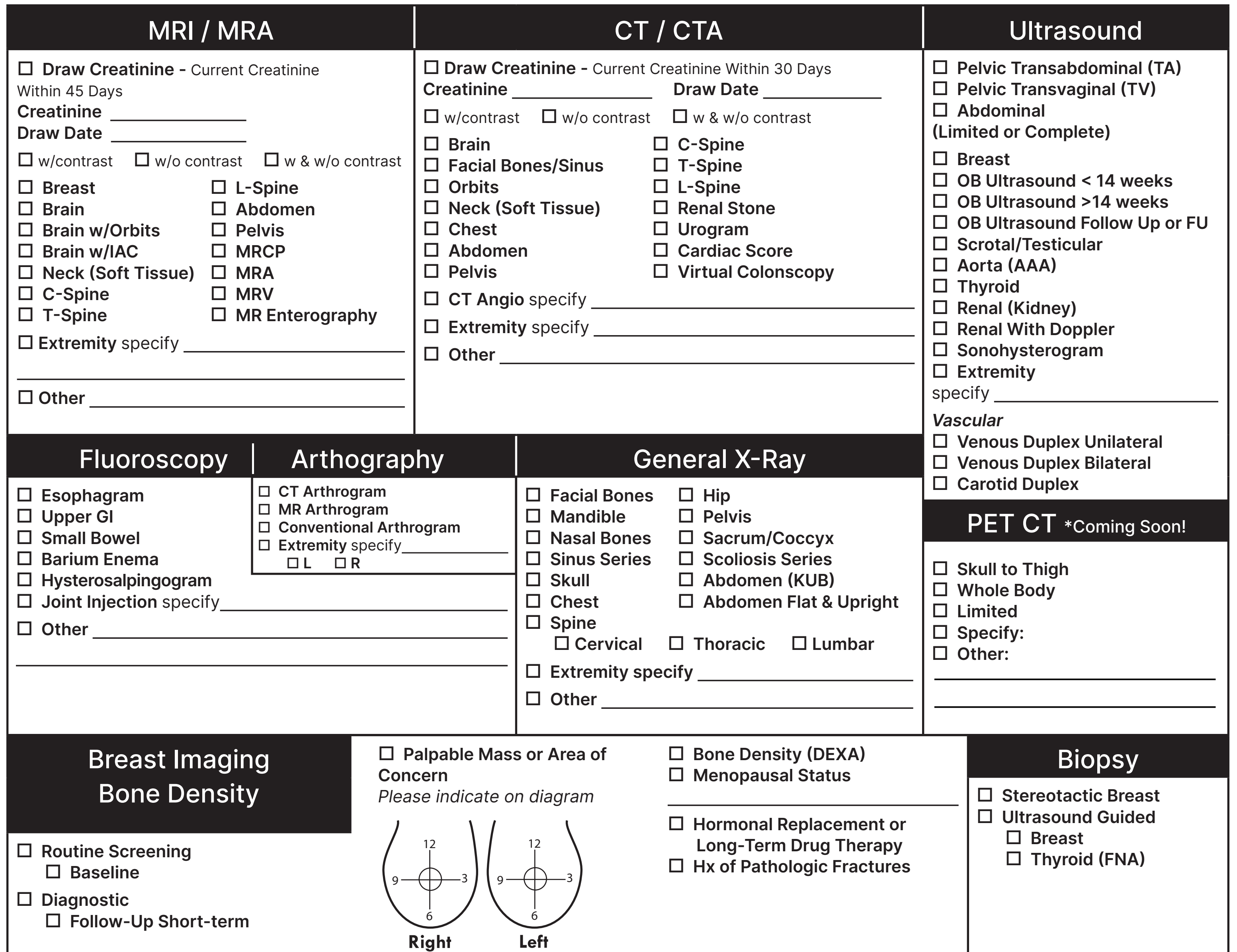
Provider's Signature ______________________ **Print Name** ______________________

Preauthorization # ______________________ **CMS AUC#** ______________________
(if applicable) (if applicable)

Indication for Exam ______________________________

☐ **Call Patient to Schedule** ☐ **Hold and Call**

Comments/Special Instructions ______________________________



MRI / MRA

☐ **Draw Creatinine -** Current Creatinine Within 45 Days
Creatinine ____________
Draw Date ____________

☐ w/contrast ☐ w/o contrast ☐ w & w/o contrast

- ☐ **Breast**
- ☐ **Brain**
- ☐ **Brain w/Orbits**
- ☐ **Brain w/IAC**
- ☐ **Neck (Soft Tissue)**
- ☐ **C-Spine**
- ☐ **T-Spine**
- ☐ **L-Spine**
- ☐ **Abdomen**
- ☐ **Pelvis**
- ☐ **MRCP**
- ☐ **MRA**
- ☐ **MRV**
- ☐ **MR Enterography**
- ☐ **Extremity** specify ____________
- ☐ **Other** ____________

CT / CTA

☐ **Draw Creatinine -** Current Creatinine Within 30 Days
Creatinine ____________ **Draw Date** ____________

☐ w/contrast ☐ w/o contrast ☐ w & w/o contrast

- ☐ **Brain**
- ☐ **Facial Bones/Sinus**
- ☐ **Orbits**
- ☐ **Neck (Soft Tissue)**
- ☐ **Chest**
- ☐ **Abdomen**
- ☐ **Pelvis**
- ☐ **C-Spine**
- ☐ **T-Spine**
- ☐ **L-Spine**
- ☐ **Renal Stone**
- ☐ **Urogram**
- ☐ **Cardiac Score**
- ☐ **Virtual Colonscopy**
- ☐ **CT Angio** specify ____________
- ☐ **Extremity** specify ____________
- ☐ **Other** ____________

Ultrasound

- ☐ **Pelvic Transabdominal (TA)**
- ☐ **Pelvic Transvaginal (TV)**
- ☐ **Abdominal (Limited or Complete)**
- ☐ **Breast**
- ☐ **OB Ultrasound < 14 weeks**
- ☐ **OB Ultrasound >14 weeks**
- ☐ **OB Ultrasound Follow Up or FU**
- ☐ **Scrotal/Testicular**
- ☐ **Aorta (AAA)**
- ☐ **Thyroid**
- ☐ **Renal (Kidney)**
- ☐ **Renal With Doppler**
- ☐ **Sonohysterogram**
- ☐ **Extremity** specify ____________

Vascular

- ☐ **Venous Duplex Unilateral**
- ☐ **Venous Duplex Bilateral**
- ☐ **Carotid Duplex**

Fluoroscopy

- ☐ **Esophagram**
- ☐ **Upper GI**
- ☐ **Small Bowel**
- ☐ **Barium Enema**
- ☐ **Hysterosalpingogram**
- ☐ **Joint Injection** specify ____________
- ☐ **Other** ____________

Arthography

- ☐ **CT Arthrogram**
- ☐ **MR Arthrogram**
- ☐ **Conventional Arthrogram**
- ☐ **Extremity** specify ____________ ☐ **L** ☐ **R**

General X-Ray

- ☐ **Facial Bones**
- ☐ **Mandible**
- ☐ **Nasal Bones**
- ☐ **Sinus Series**
- ☐ **Skull**
- ☐ **Chest**
- ☐ **Spine**
  - ☐ **Cervical** ☐ **Thoracic** ☐ **Lumbar**
- ☐ **Hip**
- ☐ **Pelvis**
- ☐ **Sacrum/Coccyx**
- ☐ **Scoliosis Series**
- ☐ **Abdomen (KUB)**
- ☐ **Abdomen Flat & Upright**
- ☐ **Extremity specify** ____________
- ☐ **Other** ____________

PET CT *Coming Soon!

- ☐ **Skull to Thigh**
- ☐ **Whole Body**
- ☐ **Limited**
- ☐ **Specify:**
- ☐ **Other:**

Breast Imaging Bone Density

- ☐ **Routine Screening**
  - ☐ **Baseline**
- ☐ **Diagnostic**
  - ☐ **Follow-Up Short-term**

☐ **Palpable Mass or Area of Concern**
Please indicate on diagram

- ☐ **Bone Density (DEXA)**
- ☐ **Menopausal Status** ____________
- ☐ **Hormonal Replacement or Long-Term Drug Therapy**
- ☐ **Hx of Pathologic Fractures**

Biopsy

- ☐ **Stereotactic Breast**
- ☐ **Ultrasound Guided**
  - ☐ **Breast**
  - ☐ **Thyroid (FNA)**

Our Focus is Your Good Health

(515) 226-9810 515-226-8408
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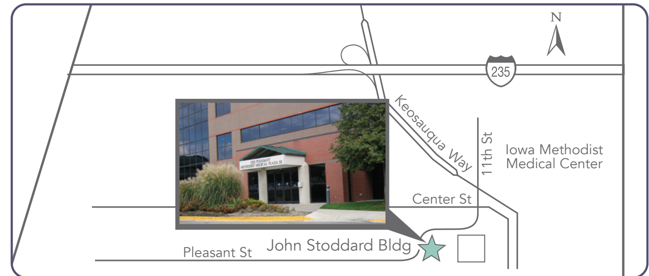
General Business Hours

Monday - Friday 8:00am - 5:00pm
Saturday appointments available for Mammograms

	Clive	Downtown	Ankeny	Lakeview	Waukee
MRI/MRA	X		X		
CT/CTA	X	X	X		
Breast Imaging	X	X	X		X
Ultrasound	X	X	X		X
Bone Density	X		X		X
Fluoroscopy	X				
Arthrography	X				
General X-Ray	X	X	X	X	X
Biopsy	X	X			



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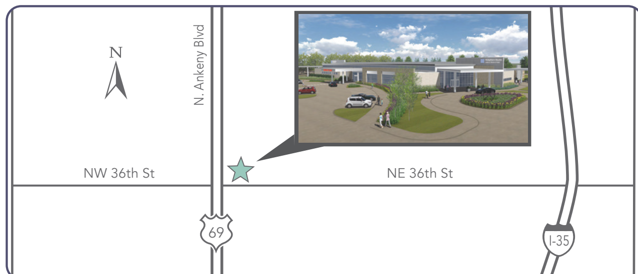

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