

Appt. Date and Time _____

Patient Contact # _____

Authorization # _____

Patient _____

DOB _____

Reason for Exam _____

Indications/Symptoms _____

Referring Physician (Please Print) _____

Referring Physician Signature _____

If available, please fax a copy of patient's most recent insurance card with this order.

APPOINTMENT SCHEDULING

651.632.5700 phone 651.632.5701 fax

Downtown/United Campus

Egan

Maplewood

PREPARATION INFORMATION

Please arrive 15 Min 45 Min 60 Min before your scheduled exam time

No preparation needed

Nothing to eat or drink ____ before exam

Stop taking anticoagulant medication as directed by physician

Will need a Taxi

Follow these instructions: _____

MRI

- Head:
 - ___ Routine
 - ___ Spectroscopy
 - ___ Stereotactic
- Orbit/Face/Sinus
- Pituitary
- IAM's
- Soft Tissue Neck
- TMJ
- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Chest
- Abdomen/Pelvis Elastography
- Abdomen/Pelvis Enterography
- Abdomen/Kidneys
- Pelvis
- Hips R L
- Knee R L
- Ankle R L
- Shoulder R L
- Elbow R L
- Wrist R L
- Brachial Plexus R L
- Other: _____

MR ANGIOGRAPHY

- Head: ___ Arterial ___ Venous
- Neck
- Other: _____

MR ARTHROGRAM

- Joint
- List Joint: _____

X-RAYS

- Specify: _____

CT

- Head
- Orbits
- Facial Bones/Jaw
- Sinuses: ___ Routine ___ Limited
- Temporal Bones/Mastoids
- Soft Tissue Neck
- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Chest:
 - ___ Routine ___ High Res ___ PE
- Abdomen and Pelvis:
 - ___ Routine ___ Kidney Stone
- Hematuria (without delays)
- CT/Urogram
- Abdomen Only
- Pelvis Only
- Hips
- Extremity: _____
- CT Colonography - Failed Colonoscopy
- Other: _____

CT ANGIOGRAPHY INCLUDING 3D

- Head
- AAA Stent Graft
- Other: _____

CT STEALTH INCLUDING 3D

- ___ Head ___ Sinus ___ Lumbosacral Spine

PET

- Whole Body
- Head
- Cardiac

PREVENTATIVE SCREENINGS

- Low-Dose CT
- Heart
- Colon
- Other: _____

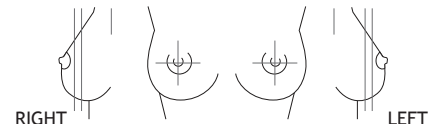
ULTRASOUND

- Abdomen
- Pelvis
- OB Fetal Survey (Complete)
- OB Before 14 Weeks
- OB Biophysical Profile
- OB Growth Check (Limited)
- Hysterosonogram
- Aorta
- Carotid
- Renal
- Scrotum/Testicles
- Thyroid
- Venous: Leg: R L Both
Arm: R L Both
- Arterial: Leg: R L Both
Arm: R L Both
- Other: _____

BREAST

- Screening Mammogram
- Diagnostic Mammogram
- MRI
- Ultrasound Breast
- Ultrasound Guided Cyst Aspiration
- Ultrasound Guided Core Biopsy

SHOW LOCATION OF MASS



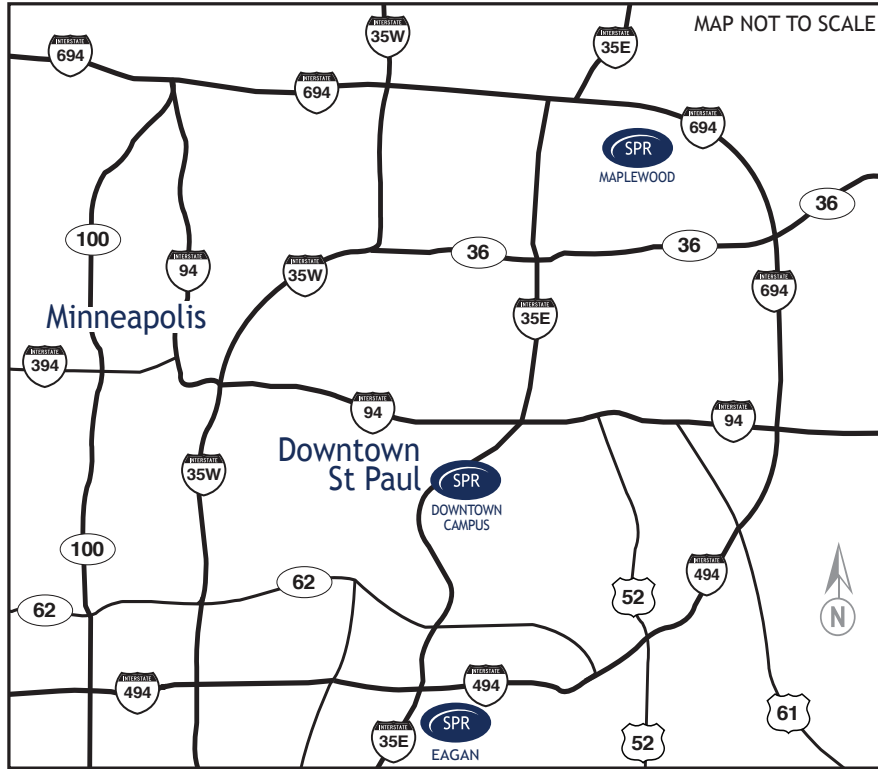
SIZE OF MOST IMPORTANT MASS (CM)	RIGHT	LEFT	CM	CM

PAIN MANAGEMENT

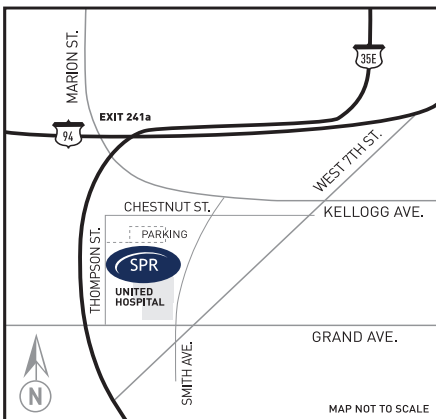
- Epidural Steroid Injection
- Other (Level): _____

BONE DENSITOMETRY

- Bone Densitometry (Dexa Scan)

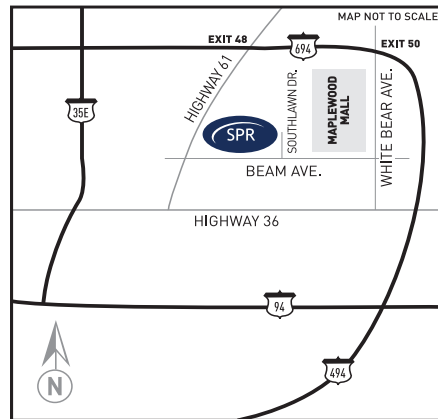


For detailed directions to each imaging center, please visit our website at stpaulradiology.com/contact/imaging-centers



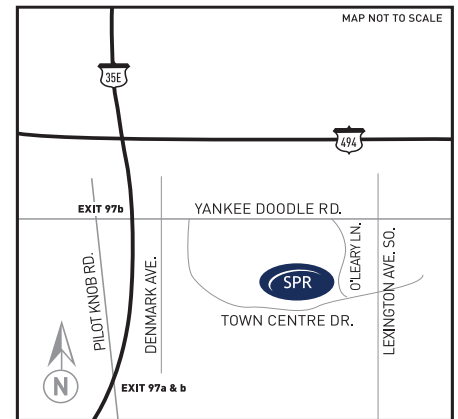
DOWNTOWN/UNITED CAMPUS
MRI, Open MRI, CT, PET/CT, Ultrasound,
Pain Management Injections, X-Ray and
Interventional Radiology

250 Thompson Street
St. Paul, MN 55102
7:00AM to 8:00PM, Mon-Fri
8:00AM to 3:00PM, Saturday



MAPLEWOOD
MRI, CT, Ultrasound, Digital Mammography,
Bone Densitometry, X-Ray and Health
Screening

1723A Beam Avenue
Maplewood, MN 55109
7:00AM to 8:00PM, Mon-Fri



EAGAN
MRI, CT, Ultrasound, Digital Mammography,
Pain Management Injections, Health
Screening

1185 Town Centre Drive, Suite 125
Eagan, MN 55123
7:00AM to 7:00PM, Mon & Weds
7:00AM to 5:30PM, Tues, Thurs & Fri