



DIAGNOSTIC RADIOLOGY INSTITUTE

"Image Does Matter"

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Patient Name: _____ D.O.B.: _____

Patient Phone Number: _____ Cell: _____ Work #: _____

Ordering Physician: _____ Phone #: _____ Fax #: _____
(physician office) (physician office)

Diagnosis/Reason for Exam: _____

Date of Exam: _____ Time of Scheduled Exam: _____ Patient's Weight: _____

Physician's Signature: _____

Insurance: _____

MRI

CONTRAST:

With Without Both

- MR Brain
- MR IAC
- MR Pituitary
- MR Temporal (Seizure)
- MR Orbit/Face/Neck
- MR Brachial Plexus R L B
- MR Scapula R L B
- MR Clavicle R L B
- MR Sternum
- MR Pectoral Muscle
- MR Abdomen
- MR Cervical Spine
- MR Thoracic Spine
- MR Lumbar Spine
- MR Pelvis
- MR Neck (Soft Tissue)
- MR Knee R L B
- MR Hip R L B
- MR Shoulder R L B
- MR Elbow R L B
- MR Wrist R L B
- MR Hand/Fingers R L B
- MR Thigh/Femur R L B
- MR Tib/Fib R L B

MRI (Continued)

CONTRAST:

With Without Both

- MR Ankle R L B
- MR Foot R L B
- MR CP
- MR Other _____

ULTRA SOUND

- Abdomen Complete
- Right Upper Quadrant
Gallbladder, Liver
- Abdomen LTD
(specify) _____
- Abdomen Doppler
- Aorta
- Kidney
- Pelvis
- Thyroid
- Testicular
- Extremity
- Carotid
- Venus Doppler R L B
- Arterial Duplex Doppler

MR ANGIOGRAPHY

- MRA Head
- MRA Neck

X-RAY

- Orbits
- Sinus (Waters View)
- Sinus Complete
- Chest 2 View
- Chest 1 View
- Abdomen
- Pelvis
- Hip
- Skull
- Cervical Spine
- Thoracic Spine
- Lumbar Spine 2 View
- Lumbar Spine Complete
- Femur R L B
- Knee R L B
- Tib/Fib R L B
- Ankle R L B
- Foot R L B
- Hand/Fingers R L B
- Wrist R L B
- Forearm R L B
- Elbow R L B
- Humerus R L B
- Clavicle R L B
- Shoulder R L B
- Nasal Bones
- Abdominal Series

R = Right Side L = Left Side B = Bilateral Sides

