



\* All Exams require an appointment!

# DIAGNOSTIC RADIOLOGY INSTITUTE

"Image Does Matter"

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Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work #: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Print full name) (physician office) (physician office)

Diagnosis/Reason for Exam: \_\_\_\_\_

Patient's Weight: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Insurance: \_\_\_\_\_

## MRI

### CONTRAST:

Without  With/Without

- MR Brain
- MR IAC
- MR Pituitary
- MR Orbit
- MR Brachial Plexus R L B
- MR Scapula R L B
- MR Clavicle R L B
- MR Sternum
- MR Pectoral Muscle R L B
- MR Abdomen
- MR Cervical Spine
- MR Thoracic Spine
- MR Lumbar Spine
- MR Pelvis
- MR Sacrum
- MR Soft Tissue Neck
- 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/Finger R L B
- MR Thigh/Femur R L B
- MR Tib/Fib R L B
- MR Thumb R L B
- MR Humerus / Forearm R L B

## MRI (Continued)

### CONTRAST:

Without  With/Without

- MR Ankle R L B
- MR Foot R L B
- M R C P
- MR Other \_\_\_\_\_
- MRA Head (No Contrast)
- MRA Neck (No Contrast)
- MRV Head (No Contrast)

## 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

## X-RAY

- Orbits
- Chest 2 View
- Ribs Ant/Post R L
- Abdomen
- Pelvis
- Hip
- Skull
- Cervical Spine \_\_\_\_\_ views
- 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
- KUB
- Other \_\_\_\_\_

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