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Imaging for a healthier future
Future Diagnostics Group
& Women's Center for Breast Health

Phone: 815-730-3344
Fax: 815-730-3888

Physician Referral Form

Exam Date:_____
Patient Name:_____ Exam Time:_____
Age:_____ Date of Birth:_____ Patient Phone:_____ SS#_____
Referring Physician:_____ Referring Physician Phone:_____
Referring Physician Signature:_____ Referring Physician Fax:_____
Symptoms/Diagnosis: _____ICD-9 Code:_____
Allergies: _____

Please bring all insurance information with you. *Preparations are required for these exams

Pre-Certification #
_____

Lab (required for patient 60 yrs or older or a Diabetic within 6 weeks)

❑ BUN/Creatinine(GFR)

PET/CT SCAN

❑ Whole Body ❑ Skull to Thigh ❑ PET Brain ❑ Amyloid PET Brain ❑ NaF ^{18}F-Sodium Fluoride Bone Scan

MAGNETIC RESONANCE IMAGING (MRI)

❑ **Without** ❑ Head ❑ Knee R L ❑ Shoulder R L ❑ Wrist R L ❑ Ankle R L
❑ **Plain/With Contrast** ❑ Hip ❑ Abdomen ❑ Pelvis ❑ Foot R L
❑ Spine-Levels_____ ❑ Breast ❑ Breast Guided Biopsy ❑ Other_____
❑ **Arthrogram - Body Part:**_____

MAGNETIC RESONANCE ANGIOGRAM (MRA)

❑ Carotids / Circle of Willis(COW) ❑ Renal ❑ Other _____

COMPUTED TOMOGRAPHY (CT)

❑ **Plain** ❑ Head ❑ Abdomen* ❑ Pelvis* ❑ Chest
❑ **With Contrast** ❑ Neck ❑ Paranasal Sinuses ❑ Guided Biopsy ❑ Other _____
❑ **Plain/With Contrast** ❑ Virtual Colonoscopy ❑ Cardiac Screening ❑ Spine-Levels_____

ULTRASOUND

❑ Carotid Doppler ❑ Pelvis/Transvag* ❑ Extremity Non Vascular _____
❑ Thyroid ❑ OB* ❑ Abdomen*: Specify Organs (below)
❑ Breast ❑ Biophysical Profile _____
❑ Testes ❑ Venous Doppler Upper/Lower ❑ Other_____
❑ Guided Biopsy/FNA

NUCLEAR MEDICINE

❑ Bone Scan-3 Phase (infection, sports injury) ❑ Bone Scan (Whole Body Bone Scan) ❑ I^{123} Uptake and Scan*
❑ Ejection Fraction and Wall Motion (MUGA) ❑ Hepatobillary Imaging* with/without CCK ❑ Tc Thyroid*
❑ Renal Scan/Renogram ❑ Parathyroid ❑ I^{131} Whole Body*
❑ WBC Indium / Ceretec ❑ DAT Scan ❑ I^{131} Therapy*
❑ Octreotide ❑ Gastric Emptying ❑ Other _____

❑ **DIAGNOSTIC RADIOLOGY (X-RAY)** Body Part_____

❑ **DEXA/BONEDENSITY**

❑ **EKG**

MAMMOGRAM

❑ Screening ❑ Diagnostic ❑ 3D