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Imaging for a healthier future

Future Diagnostics Group

AMERICAN COLLEGE OF RADIOLOGY ACR ACCREDITED FACILITY

Physician Referral Form

Patient Name: ______________________________

Age:__________ Date of Birth:________________ Patient Phone:___________________________ SS#_________________

Referring Physician:_________________________________ Referring Physician Phone:_________________________

Referring Physician Signature:______________________________ Referring Physician Fax:________________________

Diagnosis Code/Symptoms: ______________________________

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) ❑ Other Lab:___________________

PET/CT SCAN

❑ Whole Body ❑ Beta Amyloid Brain ❑ NaF ^{18}F-Sodium Fluoride Bone Scan ❑ Ga68 Netspot
❑ Skull to Thigh ❑ PET Brain ❑ Axumin PET

MAGNETIC RESONANCE IMAGING (3T MRI)

❑ **Without** ❑ Brain ❑ IAC ❑ Orbits ❑ Pituitary
❑ **Plain/With Contrast** ❑ Hip ❑ Abdomen ❑ Prostate ❑ Lower Extermity ____________ R L
❑ Spine-Levels______________ ❑ Other__________ ❑ Upper Extermity ____________ R L
❑ **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 ❑ Lung Screening
❑ **Plain/With Contrast** ❑ Virtual Colonoscopy ❑ Cardiac Screening ❑ Angiography
❑ Spine-Levels________ ❑ Other ___________

ULTRASOUND

❑ Carotid Doppler ❑ Pelvis/Transvag* ❑ Extremity Non Vascular____________________________
❑ Thyroid ❑ OB* ❑ Abdomen*: Specify Organs ________________________
❑ Breast or Breast Biopsy ❑ Biophysical Profile ❑ Guided Biopsy/FNA
❑ Testes ❑ Venous Doppler Upper/Lower ❑ Other_________________________

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 ________________

❑ **X-RAY** Body Part____

❑ **DEXA/BONEDENSITY** ❑ **EKG**

MAMMOGRAM

❑ Screening ❑ Diagnostic ❑ 3D ❑ Stereotactic Biopsy

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