

- Joliet Location:
254 Republic Ave
Joliet, IL 60435
P: 815-730-3344 F: 815-730-3888
- New Lenox Location:
672 Cedar Crossings Dr., Suite 3
New Lenox, IL 60451
P: 815-390-7500 F: 815-390-7501

Imaging for a healthier future



Future Diagnostics Group



www.futurediagnosticgroup.com

PLEASE COMPLETE SCAN BEFORE THIS DATE: _____

Physician Referral Form

Patient Name: _____ Insurance Type & Member ID # _____

Age: _____ Date of Birth: _____ Patient Phone: _____

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*

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

BUN/Creatinine(GFR) Other Lab: _____

Pre-Certification #

PET/CT SCAN

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

MAGNETIC RESONANCE IMAGING (3T MRI) Check for metal artifact reduction needed

- Without**
- Brain
- IAC
- Orbits
- Pituitary
- Plain/With Contrast**
- Hip
- CSF Flow
- Prostate
- Lower Extermity _____ R L
- MRE**
- Spine-Levels _____
- Other _____
- Upper Extermity _____ R L
- Arthrogram - Body Part:** _____
- Abdomen - Organ Specific:** _____

MAGNETIC RESONANCE ANGIOGRAM (MRA)

Carotids Circle of Willis(COW) Renal Other _____

Low Dose CT

- Plain**
- Brain
- Chest
- Abdomen & Pelvis
- Kidney Stone Search
- With Contrast**
- Soft Tissue Neck
- Lung Screening
- Adrenals
- Virtual Colonoscopy
- Plain/With Contrast**
- Paranasal Sinuses
- CTA Head/Neck
- 4 Phase Kidneys
- Upper extremity
- Spine-Levels _____
- Other _____
- CTA/PE Chest
- 3 Phase Liver
- Lower Extremity

ULTRASOUND

- Carotid Doppler
- Pelvis/Transvag*
- Extremity Non Vascular _____
- Thyroid
- OB* # of weeks _____
- 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)
- I¹²³ Uptake and Scan*
- Ejection Fraction and Wall Motion (MUGA)
- Hepatobiliary Imaging* with/without CCK
- Tc Thyroid*
- Renal Scan/Renogram
- Parathyroid
- I¹³¹ Whole Body*
- WBC Indium / Ceretec
- DAT Scan
- I¹³¹ Therapy*
- Octreotide
- Gastric Emptying
- Other _____

X-RAY Body Part _____

DEXA/BONEDENSITY

EKG

MAMMOGRAM

Screening/3D Diagnostic (w/ breast ultrasound if needed) Stereotactic Biopsy Ultrasound Guided Biopsy

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