❑ 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

Advanced Outpatient Diagnostic Imaging Urology Order 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.

❑ **STAT ORDER** **(must fax order to specified location & call to confirm)**

Pre-Certification #

_____

LAB- **(required with any contrast study for pt. Age 60 and up. Schedule same day as study)**

❑ BUN/Creatinine(GFR)

PET

❑ PSMA PET (initial staging/recurrent) ❑ Axumin (recurrent/Metastatic CA) ❑ Other _____

NUCLEAR MEDICINE

❑ Whole Body Bone Scan ❑ Kidney LASIX ❑ Other _____

CT

❑ CT Abdomen/Pelvis w/o ❑ CT Abdomen/Pelvis w/Contrast

❑ CT Stone Search ❑ Triphase Kidney ❑ Other _____

Urogram ❑ w/wo

❑ Other _____

ULTRASOUND (Same Day Available)

❑ Limited Abdomen (Kidney) ❑ Scrotum Pelvis (Bladder)

❑ Bladder (Pre & Post Void) ❑ Duplex Scan ❑ Other _____

3T MRI ❑ Metal Artifact Reduction Needed

❑ Kidney w/o ❑ Prostate w/wo (Lesions/Masses) ❑ Prostate w/o (Gel Placement)

❑ Kidney w/wo ❑ Soft Tissue Pelvis ❑ Rectum w/wo

❑ Other _____

X_RAY (Walk-In's Welcome)

❑ KUB ❑ Other _____

FILM REPORT DELIVERY - ❑ STAT ❑ Give CD to Patient

Additional Instructions or Comments: _____

I hereby authorize Future Diagnostics Group to provided treatment, **release and obtain any previous exams or reports** pertinent to my case in the course of my examination or treatment to my physician, insurance company, adjuster, or attorney, if applicable in this case.

Patient's Signature **Date** **Physician's Signature** **Date**

Please send all previous exams and reports to our office prior to the schedule exam.