



# DIAGNOSTIC RADIOLOGY INSTITUTE

*"Image Does Matter"*

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

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

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

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

Date of Exam: \_\_\_\_\_ Time of Scheduled Exam: \_\_\_\_\_ Patient's Weight: \_\_\_\_\_

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

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

## MRI

### CONTRAST:

With  Without  Both

- MR Brain
- MR IAC
- MR Pituitary
- MR Temporal
- MR Orbit/Face/Neck
- MR Brachial Plexus R L B
- MR Scapula R L B
- MR Clavical - Sternum R L B
- MR Chest
- MR Abdomen
- MR Cervical Spine
- MR Thoracic Spine
- MR Pelvis
- MR Neck (Soft Tissue)
- MR Knee R L B
- MR Hip R L B
- MR Shoulder R L B
- MR Elbow R L B
- MR Wrist
- MR Hand/Fingers R L B
- MR Thigh/Femur R L B
- MR Tib/Fib R LB
- MR Tim/Fib R L B
- MR Ankle R L B
- MR Foot R L B
- MR CP

## ULTRA SOUND

- Abdomen Complete
- Right Upper Quadrant  
Gallblader, Liver
- Abdomen LTD  
(specify) \_\_\_\_\_
- Abdomen Doppler
- Aorta
- Kidney
- Pelvis
- Transvaginal
- Thyroid
- Testicular
- Extremity
- Carotid
- Venus Doppler RLB
- Arterial Duplex Doppler

## MR ANGIOGRAPHY

- MRA Head
- MRA Neck

## X-RAY

- Orbits
- Sinus (Waters View)
- Sinus Complete
- Chest 2 View
- Chest 1 View
- Abdomen
- Pelvis
- Hip
- Skull
- Cervical Spine
- Thoracic Spine
- Lumbar Spine 2 View
- Lumbar Spine Complete
- Eemur R L B
- Knee R L B
- Tib/Fib R L B
- Ankle R L B
- Foot R L B
- Hand/Fingers
- Wrist R L B
- Forearm R L B
- Elbow R L B
- Humerus R L B
- Clavical R L B
- Shoulder R L B
- Nasal Bones
- Abdominal Series

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