

		intment Date & Time		JUNE 202			
raleigh	☐ Blue ☐ Cary ☐ Plea	☐ Fuquay-Varina ☐ Ober		ngs T	919-781-1433 schedulingte	7 F 919-787-4870 eam@raleighrad.com	
☐ Routine (reports faxed automatically)	atient's Name	Last First		M/ Birthd	late	☐ RR to obtain authorization	
☐ Call STAT Report, patient may leave	atient's Phone /		Work	Email		☐ Clinical notes attached ☐ ICD-10 code(s)	
Phone # Ins	surance (type)	(Policy #)	Group #	(Authorizat	ion #)	□ ICD-10 code(s)	
☐ Call STAT Report, patient waiting Physician's Nam Phone #		(print) First Last Practice Name & Address Re	cian's Signature (No stamps all	☐ Clinical Decision Su			
☐ Send w/ patient ☐ CD	am requested	Previous relate	ed studies?	If so, where?		((CDS) Medicare patient)	
	eason for exams/ is order authorize	/symptoms es Raleigh Radiology to perform lab procedures c		□ CDS #			
Ultrasound		X-ray		Large Bore N	IRI/MRA		
□ Abdomen □ Neonatal Head □ Aorta □ Neonatal Hips □ Neonatal Spine □ Pyloric Stenosis □ Thyroid □ Testicular □ Owith Doppler evaluation □ Pelvis Owith Doppler evaluation □ TVP Pelvis Only Owith Doppler evaluation □ TVP Pelvis Only Owith Doppler evaluation □ Pelvis with TVP □ Observed East Office (Size Pelvis Only Owith Doppler evaluation □ Pelvis with TVP □ Observed East Office Pelvis With TVP □ Owith Doppler evaluation □ Civer) □ Cyst Aspiration □ Other □ HSS (LMP □ Observed East (Blue Ridge & Cary) □ Other □ Observed East (Blue Ridge & Cary) □ Other □ Observed East (Blue Ridge & Cary) □ Other □ Observed East (Blue Ridge & Cary) □ Other □ Other □ Observed East (Blue Ridge & Cary) □ Other □ O		Select if applicable: Left Right Sinuses Other	Please include CREATININE levels and dates for all patients with acute or chronic renal failure, hx of kidney transplant. Lab work is current within 3 months. Creatinine Draw Date				
		☐ Chest ☐ Spine ☐ Chest ☐ Chest ☐ Spine ☐ Chest ☐ Che	We can provide MRI services to patients with MRI compatible Pacemakers and/or defibrillators. Select if applicable: □ Right □ Left □ w/Arthrogram □ IV Contrast as medically indicated □ w/o IV contrast □ w & w/o IV contrast □ w / IV co				
		Fluoroscopy Barium Swallow* Barium Enema* Upper GI* IVP Small Bowel* HSG* (LMP) Therapeutic Joint Injection Arthrogram - refer to specific section CT or MRI)	☐ Orbits/Face ☐ Brain w/ IAC ☐ TMJ ☐ Neck (Soft tissue) ☐ ☐ C-Spine ☐ T-Spine ☐ L-Spine ☐ L-Spine	Breast MRI O Screening O Implant Integrity/Ruptur O Staging Abdomen Enterography Pelvis (soft tissue) Prostate MRCP	□ Shoulder □ Elbow re □ Wrist □ Hand □ Bony Pelvi □ Hip □ Knee □ Ankle	☐ MRA Brain☐ MRA Neck☐ MRA Aorta	
		oecifyOLeft ORight			Breast Imaging		
Vascular Ultrasound Arterial Duplex will be performed w ABI as medically indicated		CT Guided Facet Injections Please circle level C T L S CT Guided Epidural Steroid Injections Please circle level C T L S	Please include CREATININ chronic renal failure, hx of 3 months. Creatinine		O 2D O 3D Add views and/or US if medically needed		
Select if applicable: ☐ Left ☐ Right ☐ Venous Duplex (Legs/Arms) ☐ Arterial Aorta ☐ Venous Reflux (Legs/Arms) ☐ Carotid Duplex		Other CT Lung Screening	☐ Contrast as medically ir ☐ w/o contrast ☐ w/con				
□ Arterial Duplex (Arms) □ Renal arterial Duplex (Legs) □ Hepatic/P □ ABI □ SMA/Celia □ Other □ Bone Scan □ Bone Scan □ Thyroid Scan □ Bone Scan □ Thyroid Therapy I-131 □ Site: □ Bone Scan □ Renogram □ Parathyroid Scan □ Renogram □ Parathyroid Scan □ Renogram □ HIDA Scan Only □ Meckels Sc □ HIDA Scan with CCK □ Liver Splee □ Gastric Emptying □ Breast Lymphoscia	eries Portal Duplex ac Duplex (whole body) (limited bone scan) 3 Phase with Lasix can en Scan	CT Lung Screening (Asymptomatic) O Pack/year history (20+): O Referrer NPI: O Age: 50-80 O Smoking Status: O Current O Former — # of years since quitting By signing this order, you certify you have completed the shared decision making process with the patient DEXA Bone Density Vertebral fracture assessment performed if indicated Interventional Radiology Interventional Radiology Consultation See the IR Referral Form for more options	Facial Bones Orbits Sinus CT Sinus for Intraoperative Guidance Specify protocol Neck soft tissue Chest CT Lung Screening refer to Specify servicing.	☐ Enterography ☐ Renal Stone ☐ Urogram ☐ C-spine ☐ T-spine ☐ L-spine ☐ Extremity O 3D ☐ CT ☐ O Left O Right pecify ☐ CTA Head ☐ CTA Neck ☐ CTA Chest ☐ CTA Chest ☐ CTA Chest	Pre-stent Post-stent A Runoff ortic bifurcation ankles) A Abdomen / runoff iaphragm to ankles) bdominal w/lower tt, bilateral) Arthrogram Left O Right	□ Bilateral Diagnostic w/US if medically indicated □ Unilateral Diagnostic w/US if medically indicated ○ Left ○ Right □ Breast Biopsy (Blue Ridge & Cary) ○ Stereotactic ○ Ultrasound Guided □ Breast Ultrasound ○ Left ○ Right Area (with mammogram if medically indicated)	



SCHEDULING: PHONE 919.781.1437 FAX 919.787.4870

Some Offerings Available



	Blue Ridge	Cary	Clayton	Fuquay-Varina	Knightdale	Oberlin	Wake Forest
Bone Density (DEXA)	•	•	•	•	•	•	•
СТ	•	•	•	•	•	•	•
Cardiac Calcium CT Scoring	•	•	•		•	•	•
3D Mammography™	•	•	•	•	•	•	•
Fluoroscopy	•	•					
Nuclear Medicine	•						
MRI/MRA	•	•	•	•	•	•	•
Pediatric Imaging	•	•	•	•	•	•	•
Therapeutic Joint Injection	•	•	•				•
Ultrasound	•	•	•	•	•	•	•
Vascular Ultrasound	•	•					•
Vascular and Interventional Services and Consultations	•	•					
Varicose and Spider Vein Treatments	•	•					
Walk-in X-Ray	•	•	•	•	•		•

CT-guided Facet Joint Injections and CT Guided Epidural Steroid Injections offered at Clayton location

Raleigh Radiology Blue Ridge

3200 Blue Ridge Road, Suite 100 Raleigh, NC 27612

Raleigh Radiology Cary

150 Parkway Office Court, Suite 100 Cary, NC 27518

Raleigh Radiology Clayton

11618 US 70 Business Clayton, NC 27520

Raleigh Radiology Fuquay-Varina 601

Attain Street, Suite 100 Fuquay-Varina, NC 27526

Raleigh Radiology Holly Springs

1060 South Main Street, Suite 110 Holly Springs, NC 27540

Raleigh Radiology Knightdale

1101 Great Falls Court, Suite 100 Knightdale, NC 27545

Raleigh Radiology Oberlin

505 Oberlin Road, Suite 110 Raleigh, NC 27605

Raleigh Radiology Wake Forest 11640

Northpark Drive, Suite 110 Wake Forest, NC 27587

Visit our website to view our current evening and weekend service offerings.

www.raleighrad.com