NOVELLO IMAGING
Healthcare Reimagined.

Scheduling:
Phone: 231-714-4306 Fax: 231-714-0077
4290 Copper Ridge Dr. STE 100 Traverse City MI 49684

* Indicates required field, cannot process if missing any required information

*Patient Name: _____
*Patient DOB: _____
*Patient Phone: _____
*Ordering Provider: _____
Copy to Provider: _____
*Clinical Diagnosis: _____
*ICD-10: _____

Insurance: _____
Insurance ID and group #: _____
Prior Authorization dates: _____
Prior Authorization copay: _____
If Clinical Decision Support tool used, specify vendor and approval:
_____

*Provider Signature: _____

Please provide specific ICD-10 codes when possible and symptoms, location, duration, and pertinent history. If patient has insurance, please include demographic sheet and progress note with order.

UNLESS SPECIFIED, INTRAVENOUS CONTRAST IS PER RADIOLOGIST DISCRETION

☐ WITHOUT CONTRAST ☐ WITH CONTRAST ☐ WITH AND WITHOUT CONTRAST

MRI

☐ *Office Notes Included

- **MRA**
  - Head w/o only
- **Brain/Neuro**
  - Brain (Routine)
  - Pituitary
  - Orbits
  - IAC's
- **Spine**
  - Cervical
  - Thoracic
  - Lumbar
  - Sacrum
- **Extremities**
  - R L Shoulder
  - R L Humerus
  - R L Elbow
  - R L Forearm
  - R L Wrist
  - R L Hip
  - R L Femur
  - R L Knee
  - R L Leg (Tibia/Fibula)
  - R L Ankle/Hindfoot
  - R L Forefoot
- **Pelvis**
  - Bony Pelvis
  - Pelvis with and w/o
- **Abdomen**
  - Routine Abdomen with and w/o
  - MRCP Abdomen with and w/o
  - Kidney with and w/o
  - Liver with and w/o

ULTRASOUND

- Abdomen Complete
- Abdomen RUQ LUQ
- Renal
- Renal/Bladder
- Renal Artery Duplex
- Hernia – Specify Location
- Pelvic TransABD &TransVag
- Aorta
- Obstetric
  - 1st Trimester with EV if needed
  - Complete
  - OB Other: LTD or FU
- Venous Duplex R L B LE UE
- Arterial Duplex R L B LE UE
- Carotid Duplex
- Soft Tissue:
- Scrotum w/doppler

CT SCAN

☐ *Office Notes Included ☐ **Labs included
☐ Labs needed? (Labs can be drawn day of for contrast, lab orders must be sent to LabCorp)

- Brain
- Sinuses
- Facial Bones
- Neck Soft Tissue
- IACS/Temporal Bone
- Chest
- Screening Chest (LDCT) w/o only
- Abdomen / Pelvis
- Renal Stone Study w/o only
- CT Urogram with and w/o
- Cervical Spine
- Thoracic Spine
- Lumbar Spine

X-RAY

- Orbits for MRI
- Chest PA & Lateral
- Abdomen Series (inc. Chest)
- KUB
- Pelvis
- 3v 5v Cervical Spine Fl/Ext
- Thoracic Spine
- 3v 5v Lumbar Spine Fl/Ext
- **Joints and Extremities**
  - Specify:
  - R L B
  - Specify:
  - R L B

- R L Shoulder / Elbow / Wrist
- R L Hip / Knee / Ankle / Foot

- **CTA**
  - Chest PE Protocol
  - Chest Thoracic Aorta
  - Abdomen
  - Pelvis
  - Head
  - Neck (Carotid)
  - Head and Neck
- Calcium Scoring – cash only $150.00

** Labs needed for contrast: if patient is 60 or older has diabetes hypertension renal insufficiency (kidney disease/one kidney) or pheochromocytoma, labs(GFR/creatinine) within 30 days must be included with order