NOVELLO IMAGING
Healthcare Reimagined.

Scheduling:
231.714.4306
Fax: 231.714.0077
4290 Copper Ridge Dr.
Suite 100
Traverse City, MI 49684

DATE: _____

PATIENT'S NAME: _____

PATIENT'S PHONE#: _____ DOB: _____

PHYSICIAN: _____

CLINICAL HISTORY/INDICATION: _____

Pre-certification: _____

Date: _____

Exp: _____

ICD-10: _____

cc/NAME: _____ FAX NUMBER: _____

PHYSICIAN'S SIGNATURE: _____

If clinical decision support (CDS) software utilized, please specify vendor and approval: _____

PERTINENT CLINICAL DIAGNOSIS REQUIRED

PLEASE PROVIDE SPECIFIC ICD-10 CODES AND WHEN POSSIBLE: SYMPTOMS, LOCATION, DURATION, AND PERTINENT PAST HISTORY. (PLEASE DO NOT USE "RULE OUT", "POSSIBLE", ETC.)

COMMENTS: _____

☐ INTRAVENOUS CONTRAST PER RADIOLOGIST DISCRETION (If you do not select this option, please select a contrast option where applicable.)

☐ With Contrast ☐ Without Contrast ☐ With and Without Contrast

MRI

BRAIN / NEURO

- ☐ BRAIN (ROUTINE)
- ☐ PITUITARY ☐ ORBITS
- ☐ IAC'S
- MRI NECK (SOFT TISSUE)
- MRA BRAIN (CIRCLE OF WILLIS)
- MRA NECK (CAROTIDS)

SPINE ☐ CERVICAL ☐ THORACIC ☐ LUMBAR ☐ SACRUM

EXTREMITIES

- R L SHOULDER ☐ with arthrogram
- R L HUMERUS
- R L ELBOW ☐ with arthrogram
- R L FOREARM
- R L WRIST ☐ with arthrogram
- R L HAND
- R L HIP ☐ with arthrogram
- R L FEMUR
- R L KNEE ☐ with arthrogram
- R L LEG (TIBIA/FIBULA)
- R L ANKLE/HINDFOOT
- R L FOREFOOT

ABDOMEN / CHEST

- ☐ LIVER ☐ MRCP
- ☐ PANCREAS
- ☐ RENAL
- ☐ CHEST
- ☐ OTHER: _____
- ☐ MRA: _____

PELVIS

- ☐ BONY ☐ SI JOINTS
- ☐ UTERUS/OVARIES
- ☐ PROSTATE (PLEASE CALL)
- ☐ HERNIA PROTOCOL
- ☐ SOFT TISSUE SPECIFY

ULTRASOUND

- ABDOMEN COMPLETE
- ABDOMEN (RUQ) (LUQ)
- RENAL
- RENAL/BLADDER
- HERNIA – SPECIFY LOCATION
- PELVIC TRANSABD & TRANSVAG
- CAROTID DOPPLER
- AORTA
- OBSTETRIC
  - ☐ 1st trimester w EV if needed
  - ☐ 2nd/3rd trimester
  - ☐ ob other:
- R L B LE VENOUS DOPPLER
- UPPER EXTREMITY
- UE LE MUSCULOSKELETAL STUDY
- SPECIFY

X-RAY

ORBITS FOR MRI	JOINTS AND EXTREMITIES
CHEST PA & LATERAL	SPECIFY
ABDOMEN SERIES (INC CHEST)	R L B
KUB	R L B
PELVIS	R L B
3 5 F/E CERVICAL SPINE	MRI:
THORACIC SPINE	ORBITS
3 5 F/3 LUMBAR SPINE	SCOLIOSIS

OTHER

CT SCAN

- BRAIN
- SINUSES
- FACIAL BONES
- NECK SOFT TISSUE
- IAC's / TEMPERAL BONE
- CHEST
- SCREENING CHEST (LDCT) wo
- ABDOMEN / PELVIS
- RENAL STONE STUDY wo
- CT UROGRAM w/wo
- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- R L SHOULDER/ELBOW/WRIST
- R L HIP / KNEE / ANKLE / FOOT
- CT CALCIUM SCORE

CT ANGIOGRAPHY (CTA) w contrast

- ☐ CTA HEAD
- ☐ CTA CAROTID / NECK
- ☐ PE CHEST CTA
- ☐ PULMONARY CTA
- ☐ CTA THORACIC AORTA
- ☐ CTA ABDOMINAL AORTA
- ☐ CTA AORTA & LOW EXT RUNOFF

OTHER

☐ **PRIORITY READING - Please provide contact telephone number** (_____)