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: _____

INSURANCE NAME _____ GROUP NUMBER _____

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.)

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

PELVIS
- ☐ BONY SI JOINTS
- ☐ UTERUS/OVARIES
- ☐ PROSTATE (PLEASE CALL)
- ☐ 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		
	THORACIC SPINE		
	3 5 F/3 LUMBAR SPINE		

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

OTHER

REV: 09/01