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

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

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

- ☐ 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 $149.00

**** 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**