

Patient Label



MDORD

Preauthorization # _____

Sentara Martha Jefferson Medical Imaging
Centralized Scheduling (434) 654-7130
Fax all orders to: (434) 654-8585

(PATIENT REGISTRATION USE ONLY)
Med. Records No. _____ Account No. _____

PATIENT INFORMATION					
Patient Name (Last, First, Middle)		Birthdate (Mth/Dt/Yr)		Sex	Social Security Code
Street Address			City	State	Zip
					Phone No. ()

ORDER INFORMATION					
Date of Order	Appt Date	Appt Time	Arrival Time	<input type="checkbox"/> Routine <input type="checkbox"/> Stat <input type="checkbox"/> Expedite	Location: <input type="checkbox"/> Main Hospital <input type="checkbox"/> Profit Road
Ordering Physician (Printed)		Physician Contact/Pager (if after hours)		Physician Signature	
Insurance Co.	Insur ID#	Group #	Policy Holders' Name		
Reason for Exam/Symptoms				Diagnosis Code	
Primary Care Physician		<input type="checkbox"/> Early Read	Pt Weight	<input type="checkbox"/> Pounds <input type="checkbox"/> Kilograms	<input type="checkbox"/> Metal in body <input type="checkbox"/> Pacemaker <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Hx of Cancer

REQUIRED LABWORK* IS TAT IS TAT at Radiologist Discretion Date of Labs _____ BUN _____ CREAT _____

CT <input type="checkbox"/> contrast at the radiologist discretion				
Head/Neck				
<input type="checkbox"/> Brain	with	without	w/ & w/out	add 3D
<input type="checkbox"/> Orbits	with	without	w/ & w/out	add 3D
<input type="checkbox"/> Temporal Bones	with	without	w/ & w/out	add 3D
<input type="checkbox"/> Maxillofacial/Sinuses	with	without	w/ & w/out	add 3D
<input type="checkbox"/> Neck Soft tissue	with	without	w/ & w/out	add 3D
Chest				
Contrast (circle)				
<input type="checkbox"/> Thorax	with	without		
<input type="checkbox"/> Thorax (High res for ILD)		without		
<input type="checkbox"/> Thorax (Pulmonary Embolus)	with			
<input type="checkbox"/> Thorax (nodule followup)		without		
<input type="checkbox"/> Coronary Ca++ Score		without		
Abdomen/Pelvis				
Contrast (circle)				
<input type="checkbox"/> CT Enterography Sm. Bowel	with			
<input type="checkbox"/> CT Urography			w/ & w/out	
<input type="checkbox"/> CT Renal Stone		without		
<input type="checkbox"/> CT Renal Mass			w/ & w/out	
<input type="checkbox"/> CT Liver			w/ & w/out	
<input type="checkbox"/> CT pancreas			w/ & w/out	
<input type="checkbox"/> CT adrenals	with	without	w/ & w/out	
Spine				
Contrast (circle)				
<input type="checkbox"/> Cervical		without	w/ & w/out	
<input type="checkbox"/> Thoracic		without	w/ & w/out	
<input type="checkbox"/> Lumbar		without	w/ & w/out	
<input type="checkbox"/> Cervical myelogram	with			
<input type="checkbox"/> Thoracic myelogram	with			
<input type="checkbox"/> Lumbar myelogram	with			
Extremity				
Contrast (circle)				
<input type="checkbox"/> CT Upper extremity	with	without	w/ & w/out	
Specify limb				
<input type="checkbox"/> CT Lower extremity	with	without	w/ & w/out	
Specify limb				
CT Angiography				
Contrast (circle)				
<input type="checkbox"/> CTA Head/COW			w/ & w/out	3D included
<input type="checkbox"/> CTA Neck/Carotid			w/ & w/out	3D included
<input type="checkbox"/> CTA Head/Neck			w/ & w/out	3D included
<input type="checkbox"/> CTA Chest Aorta			w/ & w/out	3D included
<input type="checkbox"/> CTA Heart Coronary			w/ & w/out	3D included
<input type="checkbox"/> CTA Abdomen/Pelvis			w/ & w/out	3D included
<input type="checkbox"/> CTA Aorta & Lower Extrem			w/ & w/out	3D included
<input type="checkbox"/> CTA Lower Ext only			w/ & w/out	3D included
<input type="checkbox"/> CTA Upper Ext			w/ & w/out	3D included
<input type="checkbox"/> CTA CAP			w/ & w/out	3D included
CT Other: _____				

MRI <input type="checkbox"/> contrast at the radiologist discretion				
Head/Neck				
Contrast (circle)				
<input type="checkbox"/> MRI Brain		without	w/ & w/out	
<input type="checkbox"/> MRV Brain		without		
<input type="checkbox"/> MR Multiple Sclerosis			w/ & w/out	
<input type="checkbox"/> MR IAC			w/ & w/out	
<input type="checkbox"/> MR Cranial Nerve (specify)			w/ & w/out	
<input type="checkbox"/> MR Pituitary			w/ & w/out	
<input type="checkbox"/> MRA Head/COW		without	w/ & w/out	
<input type="checkbox"/> MRA Neck Carotid			w/ & w/out	
<input type="checkbox"/> MRI TMJ		without		
<input type="checkbox"/> MRI Face, Orbit and or Neck		without	w/ & w/out	
Chest				
Contrast (circle)				
<input type="checkbox"/> MRI Chest (Non Cardiac)		without	w/ & w/out	
<input type="checkbox"/> MRA Chest			w/ & w/out	
<input type="checkbox"/> MRI Breast Bilateral			w/ & w/out	
<input type="checkbox"/> MRI Breast Biopsy Unilateral			w/ & w/out	
<input type="checkbox"/> MRI Breast Biopsy Bilateral			w/ & w/out	
Abdomen/Pelvis				
Contrast (circle)				
<input type="checkbox"/> MRCP only		without		
<input type="checkbox"/> MRI Abdomen(Liver/Pancreas Mass/MRCP)			w/ & w/out	
<input type="checkbox"/> MRI Osseous Pelvis		without	w/ & w/out	
<input type="checkbox"/> MRI Enterography		without	w/ & w/out	
<input type="checkbox"/> MRI Pelvis (Soft Tissue)		without	w/ & w/out	
<input type="checkbox"/> MRA Abdomen (Renal/Visceral)			w/ & w/out	
<input type="checkbox"/> MRA Pelvis			w/ & w/out	
Spine				
Contrast (circle)				
<input type="checkbox"/> MRI Cervical Spine		without	w/ & w/out	
<input type="checkbox"/> MRI Thoracic Spine		without	w/ & w/out	
<input type="checkbox"/> MRI Lumbar Spine		without	w/ & w/out	
Extremity				
Contrast (circle)				
<input type="checkbox"/> MRI Upper Ext Joint <input type="checkbox"/> Arthrogram	with	without	w/ & w/out	
Specify Side (Circle Joint)				
Shoulder / Elbow / Wrist / Other				
<input type="checkbox"/> MRI Lower Ext Joint <input type="checkbox"/> Arthrogram	with	without	w/ & w/out	
Specify Side (Circle Joint)				
Hip / Knee / Ankle / Other				
<input type="checkbox"/> MRI Upper Ext Non-Joint	with	without	w/ & w/out	
Specify Side (Circle Site)				
Hand / Finger / Forearm / Upper Arm / Extrem mass				
<input type="checkbox"/> MRI Lower Ext Non-Joint	with	without	w/ & w/out	
Specify Side (Circle Site)				
Foot / Toe / Calf / Thigh / Extremity Mass				
<input type="checkbox"/> MR Angiography Upper Ext			w/ & w/out	
<input type="checkbox"/> MR Angiography Lower Ext with Aorta			w/ & w/out	
MRI Other: _____				

Notes to Radiologist:

* CT and MRI w/IV contrast: BUN and CREATININE must be obtained for the following patients prior to their appointment: over the age of 60, history of diabetes, renal insufficiency, history of hypertension, or history of severe hepatic disease (for MRI only). Lab values obtained within 6 weeks of scheduled exam are acceptable. Sample can also be drawn same day as patient appointment using ISTAT machine which will give us results in as little as 2 minutes.

Patient Label

**Sentara Martha Jefferson Hospital
MRI & CT Radiology
Outpatient Requisition**



Sentara Martha Jefferson Medical Imaging

Patients: Unless otherwise noted, please plan to arrive at least **30 minutes** prior to your appointment time.

