

**InnerVision Main**  
 1411 South Creasy Lane, Suite 130  
 Lafayette, IN 47905

**InnerVision Nuclear Medicine / PET**  
 3801 Amelia Avenue, Suite A  
 Lafayette, IN 47905

Your Appointment: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Call Patient to Schedule Imaging  Alert Office of Scheduled Date

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Patient's Weight \_\_\_\_\_ lbs. Prior relevant studies?  Yes  No If yes, please list facility: \_\_\_\_\_  
 Serum Creatinine for Imaging Purpose Per Protocol

Indication for Study / Diagnosis / ICD 10 (required)	Insurance Authorization

Special Instructions: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Physicians to receive the Report: \_\_\_\_\_

Left  Right  Without Contrast  With Contrast  With & Without Contrast

Select	MRI	Select	CT	Select	CT Continued...
	Abdomen		<b>CT SPINE</b>		<b>CT BIOPSY SITE</b>
	Brain		Cervical		Specify:
	Brain w/ Orbits		Thoracic		<b>CT LUNG SCREENING WITHOUT</b>
	Brain w/ IAC		Lumbar		<b>CT FACIAL BONES</b>
	Orbits		<b>CT HEAD</b>		<b>CT ORBITS</b>
	Cervical Spine		Brain		<b>FLUROSCOPY</b>
	Hand		Sinus		Esophagram (Barium Swallow)
	Foot		Sinus Survey Without		Hysterosalpingogram
	<b>LOWER EXTREMITY</b>		IAC (Mastoids)		Small Bowel
	Femur		<b>CT BODY</b>		Steroid Injection Joint Specify:
	Tib / Fib		Neck		UGI
	Knee		Chest		UGI / SBFT
	Hips		Abdomen		VCUG
	Lumbar Spine		Pelvis		FL Lumbar Puncture
	Neck (Soft Tissue)		<b>CT ONCOLOGY TX PLAN</b>		Colon
	Pelvis		Brain		<b>IR</b>
	Prostate		Neck		Fistulagram
	Thoracic Spine		Chest		Kyphoplasty Level(s) _____
	TMJs		Abdomen		Port Placement
	<b>UPPER EXTREMITY</b>		Pelvis		PICC Placement
	Humerus		<b>CT MYELOGRAM (circle one)</b>		Tunneled Catheter
	Shoulder		Cervical / Thoracic / Lumbar		<b>BONE DENSITY</b>
	Wrist		<b>CT Urogram</b>		(DEXA) Bone Density
	Soft Tissue Mass		<b>CTA (circle one)</b>		(VFA) Vertebral Fracture Assessment
	<b>MR ARTHROGRAM</b> Specify:		Brain / Carotids / Chest / Abdomen & Pelvis		
	<b>MRA</b> Specify:		<b>CT EXTREMITY</b> Specify:		

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Left  Right

Select	XRAY	Select	ULTRASOUND	Select	NUCLEAR MEDICINE
	KUB		Abdomen		Bone Imaging - Multiple
	Acute Abdomen		Aorta		Bone Imaging - SPECT
	Ankle		Appendix		Bone Imaging - LTD
	Chest		Carotid Artery Bilateral		Bone Imaging - 3 Phase
	Cervical Spine		Extremity for palpable abnormality* Document in special instructions the area to be scanned		Bone Imaging - Whole Body
	Elbow				MUGA
	Femur				Hepatobiliary (HIDA)
	Fingers		Kidneys Only		Kidney Flow / Fxn
	Foot		Kidney / Bladder		w/ Lasix
	Forearm		Paracentesis ____Tx ____Dx		w / Captopril
	Hand		Pelvic Ultrasound w/ Transvaginal if needed		Thyroid Uptake and Scan
	Heel / Calcaneous				Prostascint
	Hip		Pregnancy		Cisternogram
	Humerus		Multiple Pregnancy		Parathyroid
	Knee		Renal Artery Doppler		Lung Ventilation
	Lumbar Spine		Testicular		Bone Indium - WBC Study
	Metastatic Survey		Thoracentesis ____Tx ____Dx		Gastric
	Neck (Soft Tissue)		Thyroid		Octreoscan
	Sinuses		Thyroid Biopsy		Xofigo
	Pelvis		Ultrasound Guided Biopsy <b>Specify Site:</b>		<b>PET</b> ____Initial ____ Restaging
	Ribs				PET / CT Brain
	Sacrum & Coccyx				PET / CT WB
	Shoulder				PET / CT Skull Base to Thigh
	Thoracic Spine				NaF-18 PET / Bone Scan
	Thoracolumbar				
	Tibia & Fibula				
	Toes		<b>VENOUS EXTREMITY</b>		
	Wrist		Upper		
			Lower		