

RADIOLOGY ORDER FORM

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Patient Name _____ Age ___ DOB ___/___/___

Patient Acct# _____ Sex: Female ___ Male ___

Diagnosis/clinical history _____

CT ABDOMEN	PLAIN X-RAYS
<input type="checkbox"/> Renal (3 mm cuts before & after IV contrast, no PO contrast, 3 phase)	<input type="checkbox"/> 71020 chest 2 views, PA/lateral
<input type="checkbox"/> 74150 without contrast	<input type="checkbox"/> 72100 lumbosacral spine, 2-3 views
<input type="checkbox"/> 74160 with contrast <input type="checkbox"/> delayed	<input type="checkbox"/> 72170 pelvis 1-2 views
<input type="checkbox"/> 74170 with and without contrast <input type="checkbox"/> delayed	<input type="checkbox"/> 74010 abdomen with oblique(s) R/L
<input type="checkbox"/> 76376 with CT urogram – IV contrast only	<input type="checkbox"/> 74430 cystogram, minimum 3 views
CT PELVIS	<input type="checkbox"/> 74425 urography, antegrade (loopogram)
<input type="checkbox"/> 72192 without contrast	<input type="checkbox"/> 74450 voiding cystourethrogram (VCUG)
<input type="checkbox"/> 72193 with contrast <input type="checkbox"/> delayed	<input type="checkbox"/> 74400 intravenous pyelogram (IVP)
<input type="checkbox"/> 72194 with and without contrast <input type="checkbox"/> delayed	MRI
CT ABDOMEN/PELVIS	<input type="checkbox"/> 72197 mpMRI Prostate without and with contrast
<input type="checkbox"/> 74176 without contrast (stone protocol-low dose)	<input type="checkbox"/> 72195 mpMRI Prostate without contrast
<input type="checkbox"/> 74177 with contrast <input type="checkbox"/> delayed	<input type="checkbox"/> 74183 MRI abdomen without and with IV contrast
<input type="checkbox"/> 74178 with and without contrast <input type="checkbox"/> delayed	NUCLEAR MEDICINE
WHEN STUDY IS TO BE PERFORMED	<input type="checkbox"/> 78306 Bone scan, whole body
<input type="checkbox"/> Immediately <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year	TYPE OF CONTRAST
Creatinine: Drawn today _____	<input type="checkbox"/> Oral contrast <input type="checkbox"/> Oral and IV contrast
	<input type="checkbox"/> IV contrast <input type="checkbox"/> No oral/IV contrast

Other: _____

Pat Fulgham, MD _____ Date _____