

Imaging Services

Indiana University Health Arnett Physicians

PREFERRED LOCATION

- IU Health Arnett - T 765.448.8200
- IU Health Frankfort - T 765.659.1110
- IU Health White Memorial - T- 574.583.1714
- First available at any location

T: 765.448.8200
800.542.7818
F: 765.448.7670

Name: _____ Appt. Date: _____ Appt. Time: _____

DOB: _____ Patient Phone: _____ Patient Weight: _____ Pregnant: Yes No

Symptoms, Indications and/or other comments: _____

Insurance Provider: _____ Pre-Certification #: _____

Allergy to: Latex IV Contrast ICD-10 Code(s): _____

1. Fax order form and clinical data to obtain prior authorization for your patient and for billing services.
2. Please submit a copy of the patient's insurance card(s) (front and back).

MRI*

- No Contrast
- With IV Contrast
- With and W/O IV Contrast

HEAD & NECK

- Brain
- Orbits
- Pituitary
- Soft Tissue Neck
- TMJ

SPINE

- Cervical
- Thoracic
- Lumbar

BODY

- Abdomen
- Breast
- Chest
- Pelvis
- Ankle L R Bilat
- Elbow L R Bilat
- Hand L R Bilat
- Hip L R Bilat
- Knee L R Bilat
- Shoulder L R Bilat
- Wrist L R Bilat

MRA

- Abdomen/RENALS
- Chest
- Head/Brain
- Lower Extremities
- Neck
- Pelvis

OTHER MRI

Other (specify): _____

FLUOROSCOPY

- Colon w/Air
- Cystogram
- Esophogram
- Hysterosalpingogram
- IVP
- Small Bowel Series
- Upper GI w/Air
- VCUg
- Video Swallow Study
- Other (specify): _____

CT**

- No Contrast
- With IV Contrast
- With and W/O IV Contrast

HEAD & NECK

- Brain
- Sinus
- Soft Tissue Neck
- Temporal Bones/IACs
- Orbits

CT** (Continued)

SPINE

- Cervical
- Thoracic
- Lumbar

BODY

- Chest
- Abdomen
- Abdomen Enterography
- Pelvis
- Pelvis Enterography
- Extremity (specify): _____

CTA

- Abdomen
- Carotids/Neck
- Chest
- Pelvis

PROCEDURES

- CT Myelogram†
- CT Biopsy/Drain of: _____ †

OTHER CT

Other (specify): _____

SCREENINGS

- \$49 Lung Scans
- \$49 Heart Scans

MAMMOGRAPHY

- Screening Mammogram
- Diagnostic Mammogram L R Bilat
- Magnification/Spot views L R Bilat
- Breast Ultrasound L R Bilat
- Screening ABUS† L R Bilat
- Diagnostic ABUS† L R Bilat
- Core Biopsy L R Bilat
- Stereo Biopsy† L R Bilat
- Other (specify): _____

ULTRASOUND

BODY

- Abdomen Limited
- Abdomen Complete
- Aorta
- Carotid
- Pelvic Limited
- Pelvic Complete
- Renal
- Renal Doppler
- Right Upper Quadrant (Gallbladder, Liver)
- Transvaginal Pelvis
- Scrotal
- Thyroid
- Arterial Duplex of: _____
- Venous Duplex of: _____ †
- Vein Mapping of: _____ †
- Extremity (specify): _____
- ABI or SAP

OBSTETRICAL

- < 14 weeks
- > 14 weeks
- > 20 weeks
- BPP

ULTRASOUND (Continued)

PROCEDURES

- Liver Biopsy†
- Paracentesis
- Thoracentesis
- Thyroid Biopsy

OTHER ULTRASOUND

- Echocardiogram
- Other (specify): _____

GENERAL RADIOLOGY

CHEST

- Chest PA Only
- Chest PA & LAT
- Chest PA & LAT with Obliques

BODY/EXTREMITIES

- Facial Bones
- KUB
- Neck Soft Tissue
- Pelvis
- Sinus
- Skull
- Ankle L R Bilat
- Elbow L R Bilat
- Femur L R Bilat
- Finger L R Bilat
- Foot L R Bilat
- Hand L R Bilat
- Hip L R Bilat
- Knee L R Bilat
- Ribs w/PA Chest L R Bilat
- Shoulder L R Bilat
- Wrist L R Bilat
- Specific Views: _____

SPINE

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- With Flex/Extension
- With Obliques

OTHER GENERAL

RADIOLOGY

Other (specify): _____

MRI*

- Yes No Does the patient have a pacemaker or defibrillator?
- Yes No Does the patient have metal implants or a neurostimulator?
- Yes No Does the patient have renal failure?

CT**

- Yes No Is the patient over 70 years of age?
- Yes No Is the patient diabetic?
- Yes No Does the patient have renal failure?

PET/CT***

- Yes No Is the patient claustrophobic?
- Yes No Is the patient diabetic?

† ONLY AVAILABLE AT IU HEALTH ARNETT

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INTERVENTIONAL

Fax referral to 765.838.5889

- Angiogram of: _____
- Arthrogram of: _____
- Biopsy of: _____
- EVLT of: _____
- Myelogram of: _____
- Phlebectomy of: _____
- PICC Line/Port of: _____
- Venogram of: _____
- Other (specify): _____

PET/CT***

- Indication: _____
- Diagnosis
- Initial Staging
- Restaging

ONLY AVAILABLE AT IU HEALTH ARNETT & IU HEALTH WHITE MEMORIAL

BONE DENSITOMETRY

- Axial / Peripheral
- DEXA

NUCLEAR MEDICINE

CARDIAC

- Treadmill Stress
- Lexiscan Stress
- Bone Scan
- limited of _____
- whole body
- 3 phase of _____
- Gallbladder
- Gastric Emptying
- Lung V/Q
- MUGA
- Parathyroid
- Renal with Lasix
- Renal w/o Lasix
- Thyroid I-123
- Thyroid I-131
- Other (specify): _____



Arnett Physicians

PRINT PHYSICIAN'S NAME

PHYSICIAN'S SIGNATURE

PHYSICIAN'S PHONE

FAX REPORT TO

iuhealth.org/arnettreferral

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