UVA Imaging premier ACCESS

Fontaine | Northridge | Zion Crossroads

Same day/expedited imaging requests MUST be scheduled by direct phone call to scheduling

Scheduling Fax: 434-244-9408
Scheduling Phone: 434-243-2700

Imaging Exam Order

Patient Name:	Birthdate:	Best Phone Number:
Practice:	Ordering Provider (please print):	Provider Signature:
❒ Routine/Patient Preference ❒ Early Read ❒ Same Day/Expedited- MUST call 434-243-2700 to schedule ❒ Call _____ w/ Results	Order Date:	ICD-10:
❒ UVA Imaging to obtain pre-auth If UVA Imaging to obtain insurance authorization, include insurance information and clinical notes including H&P and supporting clinical treatment		
Reason for Exam/Symptoms:		

MRI

As medically necessary, the radiologist will determine the use of contrast unless otherwise stated

Head/Neck	Notes/Special Requests
❒ Brain	
❒ IAC	
❒ Pituitary	
❒ MRA Head COW	
❒ MRA Neck / Carotid	
❒ TMJ	
❒ Face/Orbit or Neck Soft Tissue	
Chest	
❒ Chest (non-cardiac)	
❒ Breast (bilateral)	
Abdomen/Pelvis	
❒ Abdomen	
❒ Abdomen (Renal / Visceral)	
❒ Abdomen (MRCP) / Liver / Pancreas / Mass	
❒ Organs Pelvis	
❒ Osseous / MSK Pelvis	
❒ Prostate	
❒ MRA Abdomen	
❒ MRA Pelvis	
Spine	
❒ Cervical	
❒ Thoracic	
❒ Lumbar	
Upper Extremity Joint (w/ Arthrogram as necessary)	
❒ Shoulder ❒ L ❒ R	
❒ Elbow ❒ L ❒ R	
❒ Wrist ❒ L ❒ R	
❒ Other ❒ L ❒ R (pls specify): _____	
Upper Extremity Non-Joint	
❒ Hand ❒ L ❒ R	
❒ Finger ❒ L ❒ R	
❒ Forearm ❒ L ❒ R	
❒ Upper Arm ❒ L ❒ R	
❒ Other ❒ L ❒ R (pls specify): _____	
Lower Extremity Joint (w/ Arthrogram as necessary)	
❒ Hip ❒ L ❒ R	
❒ Knee ❒ L ❒ R	
❒ Ankle ❒ L ❒ R	
❒ Other ❒ L ❒ R (pls specify): _____	
Lower Extremity Non-Joint	
❒ Foot ❒ L ❒ R	
❒ Toe ❒ L ❒ R	
❒ Calf ❒ L ❒ R	
❒ Thigh ❒ L ❒ R	
❒ Other ❒ L ❒ R (pls specify): _____	
MRI Other _____	

CT

As medically necessary, the radiologist will determine the use of contrast unless otherwise stated

Head/Neck	Notes/Special Requests
❒ Brain	
❒ Orbits / Temporal Bones	
❒ Maxillofacial / Sinuses	
❒ Neck Soft Tissue	
Chest	
❒ Thorax	
❒ Thorax PE (Pulmonary Embolus)	
❒ Lung Cancer Screening (complete lung cancer screening form)	
Abdomen / Pelvis	
❒ Abdomen	
❒ Abdomen and Pelvis	
❒ CT Enterography Small Bowel	
❒ CT IVP / Urogram	
❒ Renal Stone Protocol	
❒ Other _____	
Spine	
❒ Cervical ❒ Thoracic ❒ Lumbar	
Upper Extremity (w/ Arthrogram as necessary)	
❒ Shoulder ❒ L ❒ R ❒ Elbow ❒ L ❒ R ❒ Wrist ❒ L ❒ R ❒ Other ❒ L ❒ R (pls specify): _____	
Lower Extremity (w/ Arthrogram as necessary)	
❒ Hip ❒ L ❒ R ❒ Knee ❒ L ❒ R ❒ Ankle ❒ L ❒ R ❒ Other ❒ L ❒ R (pls specify): _____	
CT Angiography	
❒ CTA _____	
CT Other _____	

Studies performed by Nuclear Medicine, Interventional Radiology, CT & US guided procedures and diagnostic / biopsy mammography, must be scheduled with the UVA Department of Radiology and Medical Imaging at 434-243-0321, option 3.

To schedule vascular studies at the Vascular Lab, please call 434-924-5824.

To consult with a UVA Radiologist, call 434-924-XRAY.

Visit uvaimaging.com for prep instructions & exam information.

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Order Date:

ICD-10:

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If UVA Imaging to obtain insurance authorization, include insurance information and clinical notes including H&P and supporting clinical treatment

Reason for Exam/Symptoms:

Ultrasound

❒ Neck
❒ Thyroid
❒ Abdomen Complete
❒ Abdomen Complete w/ Liver Doppler
❒ Abdomen Limited
(specify area) _____
❒ Hernia evaluation
❒ Abdomen RUQ
(specify area) _____
❒ Abdomen Aorta
❒ Renal (Kidneys & Bladder)
❒ Renal Artery Stenosis
❒ Pelvic Complete (w/ endovaginal as necessary)
❒ OB 1st trimester <14 weeks
❒ OB complete >14 weeks
❒ Testicular w/ Doppler
❒ Other _____

DVT

❒ DVT Initial Diagnosis - call 434-243-2700
❒ Upper ❒ L ❒ R ❒ Bilateral
❒ Lower ❒ L ❒ R ❒ Bilateral

❒ DVT Routine / Follow up
❒ Upper ❒ L ❒ R ❒ Bilateral
❒ Lower ❒ L ❒ R ❒ Bilateral

MSK Ultrasound

Extremity Diagnostic Ultrasound

❒ Shoulder ❒ L ❒ R
❒ Wrist ❒ L ❒ R
❒ Hand ❒ L ❒ R
❒ Knee ❒ L ❒ R
❒ Foot ❒ L ❒ R
❒ Other ❒ L ❒ R (pls specify): _____

Extremity Ultrasound Guided Aspiration / Injection

❒ Shoulder ❒ L ❒ R
❒ Wrist ❒ L ❒ R
❒ Hand ❒ L ❒ R
❒ Knee ❒ L ❒ R
❒ Foot ❒ L ❒ R
❒ Other ❒ L ❒ R (pls specify): _____

please specify: _____

MSK US Diagnostic w/ Tenex as needed

❒ Elbow ❒ L ❒ R
❒ Plantar Fascia ❒ L ❒ R
❒ Other ❒ L ❒ R (pls specify): _____

Bone Density

❒ DEXA _____

X-ray

Give order to patient to bring to Fontaine / Northridge /Zion Crossroads

Chest

❒ PA and Literal

Ribs

❒ Ribs ❒ L ❒ R ❒ Bilateral
❒ Ribs w/ PA Chest ❒ L ❒ R ❒ Bilateral

Abdomen / Pelvis

❒ Abdomen 2 views (Supine & Erect)
❒ KUB
❒ Hip w/ Pelvis ❒ L ❒ R ❒ Bilateral

Spine

❒ Cervical Spine
❒ Thoracic Spine
❒ Lumbar Spine
❒ Scoliosis Study

Upper Extremity

❒ Clavicle ❒ L ❒ R ❒ Bilateral
❒ Shoulder ❒ L ❒ R ❒ Bilateral
❒ Elbow ❒ L ❒ R ❒ Bilateral
❒ Wrist ❒ L ❒ R ❒ Bilateral
❒ Hand ❒ L ❒ R ❒ Bilateral
❒ Finger ❒ L 1 2 3 4 5 ❒ R 1 2 3 4 5
❒ Other ❒ L ❒ R ❒ Bilateral
(pls specify) _____

Lower Extremity

❒ Hip ❒ L ❒ R ❒ Bilateral
❒ Knee ❒ L ❒ R ❒ Bilateral
❒ Tib / Fib ❒ L ❒ R ❒ Bilateral
❒ Ankle ❒ L ❒ R ❒ Bilateral
❒ Foot ❒ L ❒ R ❒ Bilateral
❒ Toe ❒ L 1 2 3 4 5 ❒ R 1 2 3 4 5
❒ Other ❒ L ❒ R ❒ Bilateral
(pls specify) _____

X-ray Other _____

MSK Fluoroscopy

Spine

❒ Epidural Steroid Injection Level _____
❒ L ❒ R ❒ Bilateral
❒ Nerve Root Block Level _____
❒ L ❒ R ❒ Bilateral
❒ Facet Level _____
❒ L ❒ R ❒ Bilateral
❒ Sacral Iliac (SI)
❒ L ❒ R ❒ Bilateral

Upper Extremity

❒ Shoulder ❒ L ❒ R
❒ Elbow ❒ L ❒ R
❒ Wrist ❒ L ❒ R
❒ Other ❒ L ❒ R
(pls specify): _____

Lower Extremity

❒ Hip ❒ L ❒ R
❒ Knee ❒ L ❒ R
❒ Ankle ❒ L ❒ R
❒ Foot ❒ L ❒ R
❒ Toe ❒ L 1 2 3 4 5 ❒ R 1 2 3 4 5
❒ Other ❒ L ❒ R
(pls specify): _____

Fluoroscopy

❒ Voiding Cystourethorogram (VCUG)
❒ Hysterosalpingogram (HSG)
❒ Barium Swallow--Regular
❒ Barium Swallow--Modified
❒ Upper GI
❒ Barium Enema
❒ Small Bowel Follow Through

Mammography

❒ Screening Mammogram

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