



# BlueRock Imaging

## & Interventional Center

Name of Patient \_\_\_\_\_

Ordering Physician \_\_\_\_\_ ☐ Call Report \_\_\_\_\_

☐ Check if you would like us to call patient to schedule exam - Patient Phone # (      )

### INTERVENTIONAL PROCEDURES

#### VENOUS REFLUX

- ☐ Diagnosis
- ☐ Ablation
- ☐ Phlebectomy
- ☐ Gonadal Coiling/Embolization
- ☐ Ovarian Coiling/Embolization
- ☐ Spider Vein Tx

#### UROLOGY/RENAL

- ☐ Prostate Embolization
- ☐ Fistula Placement/Fistulagram
- ☐ Percutaneous Nephrostomy

#### CANCER

- ☐ Biopsy/Drain
- ☐ Thyroid
- ☐ Bone
- ☐ Breast
- ☐ Lung
- ☐ Liver
- ☐ Kidney
- ☐ Lymph Node
- ☐ Intra-Abdominal
- ☐ Abscess Drainage
- ☐ Transarterial Chemoembolization
- ☐ Tumor Ablation
- ☐ Ablation Celiac Plexus
- ☐ Ablation Pelvic Plexus
- ☐ Peritoneal Tunneled Catheter
- ☐ Gastrostomy
- ☐ Pleural Catheter Drain

#### WOMEN'S RX

- ☐ Hysterosalpingography
- ☐ Therapeutic Fallopian Tube Recanalization
- ☐ Essure Device Check
- ☐ Hysterosonography
- ☐ Uterine Fibroid Embolization
- ☐ 3D Mammogram
- ☐ DEXA - Bone Density Scan

### CT SCAN ☐ With Contrast

#### HEAD AND NECK

- ☐ Brain
- ☐ Sinus
- ☐ Facial
- ☐ Orbits
- ☐ Temporal Bone
- ☐ Soft Tissue - Neck

#### SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

#### CHEST, ABDOMEN & PELVIS

- ☐ Chest
- ☐ Calcium Scoring
- ☐ Abdomen
- ☐ Abdomen/Pelvis
- ☐ Pelvis

#### CT ANGIO

- ☐ Renal
- ☐ Pulmonary - CTA Chest
- ☐ Other: \_\_\_\_\_

#### OTHER

- ☐ Full Body Screening
- ☐ Virtual Colonoscopy
- ☐ CT Urogram
- ☐ Cancer Screen, Surveillance

### ULTRASOUND

- ☐ Gallbladder
- ☐ Abdomen
- ☐ Pelvis
  - ☐ Transvaginal
- ☐ OB
  - ☐ Transvaginal
- ☐ Renal
- ☐ Scrotum
- ☐ Carotid
- ☐ Thyroid
- ☐ Breast RT LT
- ☐ Soft Tissue RT LT
- ☐ Venous - Leg RT LT
- ☐ Venous - Arm RT LT
- ☐ Arterial - Leg RT LT
- ☐ Arterial - Arm RT LT
- ☐ Extremity - Nonvascular RT LT
- ☐ Breast Bx RT LT
- ☐ Thyroid Bx
- ☐ Biopsy Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### MRI SCAN ☐ With Contrast

#### HEAD AND NECK

- ☐ Brain
  - ☐ Functional MRI
- ☐ Sella (Pituitary)
- ☐ IAC's
- ☐ Orbits
- ☐ MRA - Brain
- ☐ MRA - Carotids
- ☐ Soft Tissue - Neck
- ☐ Thyroid
- ☐ Parathyroid

#### SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sciatic Nerve Survey

#### CHEST

- ☐ Brachial Plexus
- ☐ Chest
- ☐ Breast
- ☐ Heart
  - ☐ Adenosine Stress Perfusion
  - ☐ Ejection Fraction/Wall
  - ☐ Anatomic Survey

#### ABDOMEN/PELVIS

- ☐ Abdomen
- ☐ Cholangiogram (MRCP)
- ☐ Liver
- ☐ Adrenal
- ☐ Kidney
- ☐ Pancreas
- ☐ Pelvis
- ☐ Female Pelvis
- ☐ Prostate

#### UPPER EXTREMITY

- |                                       |    |    |
|---------------------------------------|----|----|
| <input type="checkbox"/> Shoulder     | RT | LT |
| <input type="checkbox"/> Elbow        | RT | LT |
| <input type="checkbox"/> Wrist        | RT | LT |
| <input type="checkbox"/> Finger       | RT | LT |
| <input type="checkbox"/> Other: _____ |    |    |

#### LOWER EXTREMITY

- |                                       |    |    |
|---------------------------------------|----|----|
| <input type="checkbox"/> Hip          | RT | LT |
| <input type="checkbox"/> Knee         | RT | LT |
| <input type="checkbox"/> Ankle        | RT | LT |
| <input type="checkbox"/> Foot         | RT | LT |
| <input type="checkbox"/> Thigh        | RT | LT |
| <input type="checkbox"/> Tib/Fib      | RT | LT |
| <input type="checkbox"/> Other: _____ |    |    |

HX: \_\_\_\_\_

DX: \_\_\_\_\_

Signature of Ordering Physician \_\_\_\_\_

Date \_\_\_\_\_

## SPINE AND PAIN MANAGEMENT

- ☐ Nerve Root Block
  - ☐ Cervical Level
  - ☐ Lumbar Level
- ☐ Epidural
  - ☐ Cervical Level
  - ☐ Lumbar Level
- ☐ Discogram
  - ☐ Cervical Level
  - ☐ Lumbar Level
- ☐ Myelogram
  - ☐ Cervical Level
  - ☐ Lumbar Level
  - ☐ Complete
- ☐ Occipital Nerve Block
- ☐ Vertebroplasty Level
- ☐ Blood Patch
- ☐ Facet Ablation/Rhizotomy Level
- ☐ Percutaneous Discectomy Level
- ☐ Other : \_\_\_\_\_

## FLUOROSCOPY

- ☐ Abscessogram
- ☐ Arthrogram
- ☐ Barium Swallow
- ☐ BE Double Contrast
- ☐ BE Single Contrast
- ☐ Catheter Check
- ☐ Lumbar Puncture
- ☐ N G Small Bowel
- ☐ Small Bowel Follow-Through
- ☐ Upper GI
- ☐ VCUG
- ☐ Other: \_\_\_\_\_

## ANGIOGRAPHY

### ARTERIOGRAM

- ☐ Cerebral/Carotids
- ☐ Renal
- ☐ Runoff/Lower Extremity
- ☐ Visceral
- ☐ AV Fistula/Graft
- ☐ Abdominal Aortogram
- ☐ Pulmonary
- ☐ Subclavian Angiogram

### VENOUS ACCESS

- ☐ PICC Line
- ☐ Central Line
- ☐ Portacath

## PLAIN FILMS

- ☐ Abdomen
- ☐ Ankle RT LT
- ☐ Calcaneus RT LT
- ☐ Cervical Spine
- ☐ Cervical Spine Flexion/Extension
- ☐ Chest
- ☐ Clavicle RT LT
- ☐ Coccyx
- ☐ Elbow RT LT
- ☐ Facial Bones
- ☐ Femur RT LT
- ☐ Finger RT LT
- ☐ Foot RT LT
- ☐ Forearm RT LT
- ☐ Hand RT LT
- ☐ Humerus RT LT
- ☐ Hip RT LT
- ☐ Knee RT LT
- ☐ Lumbar Spine
- ☐ Lumbar Spine Flexion/Extension
- ☐ Nasal Bones
- ☐ Orbits AP Frog Leg
- ☐ Pelvis RT LT
- ☐ Ribs
- ☐ Sacrum RT LT
- ☐ Shoulder
- ☐ Sinus
- ☐ Skull
- ☐ Sternum
- ☐ Thoracic Spine RT LT
- ☐ Tib/Fib RT LT
- ☐ Toe RT LT
- ☐ Wrist
- ☐ Other: \_\_\_\_\_

PLEASE FEEL FREE TO CONTACT US  
PRIOR TO YOUR EXAM IF YOU HAVE ANY  
OTHER QUESTIONS.

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