



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
- Soft Tissue
- Venous - Leg RT LT
- Venous - Arm RT LT
- Arterial - Leg RT LT
- Arterial - Arm RT LT
- Extremity - Nonvascular
- 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
- Prostate
- MRA _____ (List artery)
- MRV _____ (List artery)

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"/> 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
- Facet Ablation/Rhizotomy Level
- Percutaneous Discectomy Level
- Other : _____

FLUOROSCOPY

- Abscessogram
- Arthrogram
- Barium Swallow
- BE Double Contrast
- BE Single Contrast
- Catheter Check
- Lumbar Puncture
- Nathan Green 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
- 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
- Knee RT LT
- Lumbar Spine
- Lumbar Spine Flexion/Extension
- Nasal Bones
- Orbits
- Pelvis
- Ribs RT LT
- Sacrum
- Shoulder RT LT
- Sinus
- Skull
- Sternum
- Thoracic Spine
- Tib/Fib RT LT
- Toe RT LT
- Wrist RT LT
- Other: _____

PLEASE FEEL FREE TO CONTACT US PRIOR TO YOUR EXAM IF YOU HAVE ANY OTHER QUESTIONS.
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Open the camera on your phone and allow to focus on the code. Follow the link and learn more about your procedure! Call our office for password and instructions.

