



**DEPARTMENT OF RADIOLOGY
MUSCULOSKELETAL IMAGING REQUEST FORM**

Please Fax to (434) 243-6999
Schedule at (434) 243-6888

PLACE LABEL HERE

Ordering Date _____

SS# _____

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

M Patient Name: _____ MR# _____

U Pre/Post-op Y N Date of Surgery _____ Date of Test _____

S DOB ____/____/____ Weight: _____ Pt Phone # _____

Insurance Company & Plan	Pre Authorization Number	Attending MD/Pic #	Ordering MD/Pic #
Office Where Report Should Be Sent	Phone Number of Contact Person Name	Box & Fax Number	

Clinical Indications for Exam (Mandatory):

Relevant Signs/Symptoms Diagnosis (MANDATORY–MUST be ICD-9 Numeric Code):

STUDY DESIRED

X	Study	X	Study	R	L	
	<u>Spines</u>		Other (specify)			
	C-Spine AP/LAT					
	C-Spine ODONTOID		<u>Lower Extremity</u>			
	C-Spine FLEX/EXT only		Femur AP/Lat	R	L	
	C-Spine OBLIQUES		Knee PA/Lat	R	L	
	C-Spine SWIMMERS		Knee SUNRISE	R	L	
			Knee OBLIQUES	R	L	
	T-Spine AP/LAT		Knee TUNNEL	R	L	
	T-L Spine junction AP &LAT		Knee AP STANDING ONLY	R	L	
	SWIMMERS		Knee STANDING 30/45-degree FLEXION	R	L	
			Knee LAT only	R	L	
	L-Spine AP/LAT		Knee standing Hip to Ankle/3ft Cassette	R	L	
	L-Spine OBLIQUES					
	L-Spine FLEX & EXT		Tibia/Fibula AP/LAT	R	L	
	Sacrum Coccyx AP/LAT		Ankle AP/LAT	R	L	
			Ankle AP/LAT/Mortise	R	L	
	Scoliosis films AP/LAT (standing)		Ankle STRESS VIEWS	R	L	
	Scoliosis films supine/erect/side bending		Ankle BRODENS	R	L	
	<u>Pelvis/Hips</u>		Calcaneus AXIAL/LAT	R	L	
	Pelvis AP/Bilateral Hips (1 film)					
	Pelvis FROGLEG		Foot AP/LAT	R	L	
	Pelvis INLET/OUTLET		Foot AP/LAT/Oblique	R	L	
			Foot Standing AP/LAT	R	L	
	Hip FROG Lat	R	L	Foot Standing AP/LAT/Oblique	R	L
	Hip OR Lat	R	L	Toe AP/LAT/Obl (specify which toe	R	L
	Hip JUDET VIEWS	R	L	Scanogram	R	L
	Hip AP/FROG Lat	R	L			
	Hip AP/OR Lat	R	L			

If films were taken within 2 weeks prior to scan from outside UVA please instruct pt to bring films. Are there any special considerations for pts safety? (e.g. non-english speaking, sz disorder, pregnancy, M.R., medications that could affect pt. testing) Explain: _____

Does patient require early reading? Yes No Films to Go with Patient After Reading? Yes No

Physician Signature: _____