Cardinal Points IMAGING OF THE CAROLINAS™

RADIOLOGY REFERRAL FORM

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STAT/URGENT Fax: 919-741-4612

LOCATION: ❒ Midtown at Cedarhurst ❒ Wake Forest ❒ Clayton ❒ Brier Creek ❒ Cary
❒ STAT ❒ CALL REPORT: _____ ❒ HOLD PATIENT ❒ OBTAIN AUTHORIZATION ❒ SELF-PAY

PATIENT INFORMATION

Patient Name: _____
DOB: _____ Phone: _____
Insurance: _____
Policy/Group # _____ / _____

PROVIDER INFORMATION

Provider Name: _____
Signature: _____ ***Date:*** _____
Practice Name: _____
Phone: _____ Fax: _____
Authorization # _____

ICD-10 / DIAGNOSIS / HISTORY / SPECIAL INSTRUCTIONS

_____
_____

MEDICARE ONLY

AUC/CDS G Code: _____ Modifier: _____
CPT Code Submitted: _____

MRI

❒ IV Contrast as medically indicated
❒ WO Contrast ❒ W&WO Contrast

❒ Brain ❒ Attn: IAC ❒ Attn: MS ❒ Attn: Pituitary
❒ Attn: Cranial Nerve: _____
❒ w/ Neuroreader ❒ w/ Diffuse Tensor Imaging
❒ Orbits
❒ TMJ
❒ Soft Tissue Neck
❒ Brachial Plexus ❒ L ❒ R ❒ Bilateral
❒ MRA Brain
❒ MRA Chest
❒ MRA Carotid
❒ MRA Renal
❒ MRA Aorta/Run-off
❒ MRV (specify): _____
❒ Breast *Path Rpts / Prior Imaging Required*
❒ Implant Int/Rup ❒ Staging
❒ Abbreviated ❒ Screen
❒ Cervical Spine
❒ Thoracic Spine
❒ Lumbar Spine
❒ MRCP
❒ Abdomen ❒ Attn: _____
❒ Enterography (w & w/o contrast)
❒ Pelvis ❒ Bony ❒ Soft Tissue ❒ Female
❒ Sacrum/Coccyx
❒ Prostate (w & w/o) *Path Rpts / Prior Imaging Required*

EXTREMITIES ❒ L ❒ R ❒ Bilateral
❒ Shoulder ❒ Humerus ❒ Elbow
❒ Forearm ❒ Wrist ❒ Hand
❒ Digit____ ❒ Hip ❒ Femur
❒ Knee ❒ Tib/Fib ❒ Ankle
❒ Midfoot ❒ Forefoot ❒ Heel/ Calcaneus

CT

❒ Oral and/or IV contrast as medically indicated
❒ WO Contrast ❒ W Contrast ❒ W&WO Contrast

❒ Head
❒ Orbits
❒ Facial Bones
❒ IACs/Temporal Bones
❒ Sinus (Specify Protocol): _____
❒ Soft Tissue Neck
❒ CTA Head (w & w/o contrast)
❒ CTA Neck (w contrast)
❒ CTA Chest ❒ PE Protocol (w contrast)
❒ CTA Run-off (w & w/o contrast)
❒ CTA Abdomen
❒ CTA Pelvis
❒ Chest ❒ Pectus Protocol
❒ Calcium Scoring
❒ Abdomen/Pelvis
❒ Stone Protocol (Abd/Pelvis) (w/o contrast)
❒ Abdomen (w & w/o IV contrast if indicated)
❒ Liver ❒ Pancreas ❒ Kidney
❒ Adrenals (Abd) (w & w/o contrast if indicated)
❒ Enterography (w contrast)
❒ Urogram (w & w/o contrast)
❒ Pelvis ❒ MSK ❒ Soft Tissue
❒ Cervical Spine
❒ Thoracic Spine
❒ Lumbar Spine

EXTREMITIES ❒ L ❒ R ❒ Bilateral
❒ Shoulder ❒ Humerus ❒ Elbow
❒ Forearm ❒ Wrist ❒ Hand
❒ Hip ❒ Femur ❒ Knee
❒ Tib/Fib ❒ Ankle ❒ Foot

Ultrasound

❒ L ❒ R ❒ Bilateral
**Arterial Duplex will be performed if indicated.*

❒ Guided Core Biopsy
❒ RUQ (Liver, Gallbladder)
❒ Abdomen Complete
❒ Abdomen Ltd. (specify): _____
❒ Pelvis (w/ TV and/or doppler if indicated)
❒ Pelvic Transvaginal only (w/ doppler if indicated)
❒ Testicular (w/ doppler if indicated)
❒ Renal
❒ Thyroid ❒ FNA
❒ Carotid
❒ ABI*
❒ Soft Tissue (specify): _____
❒ Appendix
❒ MSK (specify): _____
❒ Liver Elastography
❒ SMA Celiac Doppler
❒ Arterial Doppler (with ABI): _____
❒ Venous Doppler (specify): _____
❒ Ext. Non-Vascular (specify): _____
❒ Renal Artery Doppler
❒ Aorta (w/ doppler if indicated)
❒ AAA Screening
❒ HSS
❒ Barbotoge
❒ Pregnancy ❒ Limited
❒ 1st Tri / Early OB
❒ OB Cmplt. >14 wks
❒ OB Follow Up
❒ Neonatal ❒ Head ❒ Hips ❒ Spine
❒ Pyloric Stenosis

X-Ray / Dexa

❒ L ❒ R ❒ Bilateral
❒ Weight Bearing ❒ Flexion/Extension
# of views: _____
If none specified, standard protocol will be performed.

❒ Chest (one view)
❒ Chest (PA & Lat)
❒ Ribs (Includes one view chest)
❒ Cervical Spine
❒ Thoracic Spine
❒ Lumbar Spine
❒ Abdominal Series
❒ Abdomen (KUB)
❒ Scoliosis Series
❒ Pelvis
❒ TMJ
❒ Skull
❒ Facial Bones
❒ Nasal Bones

EXTREMITIES ❒ L ❒ R ❒ Bilateral
❒ Weight Bearing

❒ Clavicle ❒ Shoulder
❒ Humerus ❒ Elbow
❒ Forearm ❒ Wrist
❒ Hand ❒ Finger
❒ Hip ❒ Femur
❒ Knee ❒ Tib/Fib
❒ Ankle ❒ Foot
❒ Toe

❒ DEXA _____
(VFA performed if indicated)

Special Procedures

❒ Esophagram ❒ Upper GI
❒ Small Bowel ❒ HSG LMP:_____
❒ Steroid Injection ❒ Aspiration
(specify): _____ (specify): _____
❒ Arthrogram (MRI) ❒ Arthrogram (CT)
(specify): _____ (specify): _____

CT Lung Screening

❒ Lung Screening
❒ Current Smoker ❒ Former Smoker
Showing signs/symptoms ❒ Yes ❒ No
How long since quitting? _____
Pack year history: _____

**By signing, you certify patient has completed shared decision making discussing the risks and benefits of CT lung screening.*

Mammography / Breast Imaging

❒ Screening Mammo ❒ L ❒ R ❒ Bilat
w/ add views and/or US if indicated

❒ Diagnostic Mammo ❒ L ❒ R ❒ Bilat
w/breast US and/or aspiration/biopsy if indicated

❒ Breast US ❒ L ❒ R ❒ Bilat
w/diagnostic mammo and/or aspiration/biopsy if indicated

❒ Breast MRI ❒ L ❒ R ❒ Bilat
❒ Abbreviated Breast MRI

❒ US Breast Biopsy (w/ post biopsy mammo)

❒ Stereotactic Breast Biopsy

Location & Date of priors: _____

Other: