VERMONT DIAGNOSTIC IMAGING

426 Industrial Ave, Suite 131, Door A4
Williston, VT 05459
Open Monday-Friday, 8a-4:30p
**Phone: 802-988-7226 | Fax: 802-988-7329**

☐ **URGENT**

# CT SCAN ORDER FORM

**PATIENT INFORMATION** **DATE:** _____

Name: _____ DOB: _____ Phone: _____

Reason for Exam/ICD-10: _____

Ordering Provider: _____ Phone/Fax: _____

Insurance: _____ Policy Number: _____

Allow for Radiologist discretion for use of IV contrast/dye (per ACR recommendations)? ☐ YES ☐ NO

## HEAD & NECK

☐CT HEAD ☐without ☐with & without
☐CT ORBITS ☐without ☐with
☐CT TEMP BONES ☐without ☐with
☐CT SINUSES ☐without ☐with
☐CT FACIAL BONES ☐without ☐with
☐CT ST NECK ☐without ☐with

## CHEST

☐CT CHEST ☐without ☐with
☐CT CHEST (HRCT) ☐without

## ABDOMEN/PELVIS

☐CT ABDOMEN ☐without ☐with
☐CT ABDOMEN ☐with & without

***Please indicate protocol*:**

☐Renal Mass ☐Adrenals
☐Pancreas ☐Liver

☐CT ABDOMEN/PELVIS ☐without ☐with
☐CT UROGRAM (A/P) ☐with & without
☐CT RENAL COLIC (A/P) ☐without
☐CT PELVIS only ☐without ☐with

***Please indicate protocol*:**

☐Bony ☐Soft Tissue

## SPINES

CT CERVICAL SPINE ☐without ☐with
CT THORACIC SPINE ☐without ☐with
CT LUMBAR SPINE ☐without ☐with

## EXTREMITIES ☐RIGHT ☐LEFT

☐CT UPPER EXTREMITY ☐without ☐with
Body Part: _____

☐CT LOWER EXTREMITY ☐without ☐with
Body Part: _____

## ANGIOGRAPHY

☐CTA HEAD ☐Venous ☐Arterial
☐CTA NECK
☐CTA CHEST FOR PULMONARY EMOBLISM
☐CTA CHEST FOR ANEURYSM/DISSECTION
☐CTA ABDOMEN (RENAL ARTERY)
☐CTA ABDOMEN/PELVIS (AAA, DISSECT, ISCHEMIA)
☐CTA FEMORAL RUN OFF
☐CTA UPPER EXTREMITY ☐**RIGHT** ☐**LEFT**
☐CTA LOWER EXTREMITY ☐**RIGHT** ☐**LEFT**

## SPECIALS

☐CT CARDIAC CALCIUM SCORE
☐CT LOW DOSE LUNG SCREENING (LDCT)

***Please include the following for LDCTs:***

☐Initial Screening ☐Subsequent
Has shared decision making been completed? ☐YES ☐NO
☐Former Smoker ☐Current Smoker
Quit Date (if applicable): _____
Total Pack Years: _____
Asymptomatic? ☐YES ☐NO

**PROVIDER SIGNATURE:** _____ **DATE:** _____

*Please fax signed order and relevant office notes to 802-988-7329.*

*We will happily obtain prior authorization for your patients and call them to schedule. Thank you!*