Iowa Radiology
Diagnostic & Preventative Imaging Center

Ph: (515) 226-9810
Fax: (515) 226-8408
www.iowaradiology.com

Patient Name _____ DOB _____

Appointment Date and Time _____

Provider's Signature _____ Print Name _____

Preauthorization # _____ CMS AUC# _____
(if applicable) (if applicable)

Indication for Exam _____

❒ Call Patient to Schedule ❒ STAT

Comments/Special Instructions _____

MRI/MRA

❒ Draw Creatinine – Current Creatinine Within 45 Days
Creatinine _____
Draw Date _____

❒ w/contrast ❒ w/o contrast ❒ w/&w/o contrast

❒ Breast
❒ Brain
❒ Brain w/Orbits
❒ Brain w/IAC
❒ Neck (Soft Tissue)
❒ C-Spine
❒ T-Spine
❒ L-Spine
❒ Abdomen
❒ Pelvis
❒ MRCP
❒ MRA
❒ MRV
❒ MR Enterography

❒ Extreminty specify _____

❒ Other _____

CT/CTA

❒ Draw Creatinine - Current Creatinine Within 30 Days
Creatinine _____ Draw Date _____

❒ w/contrast ❒ w/o contrast ❒ w/ & w/o contrast

❒ Brain
❒ Facial Bones/Sinus
❒ Orbits
❒ Neck (Soft Tissue)
❒ Chest
❒ Abdomen
❒ Pelvis
❒ C-Spine
❒ T-Spine
❒ L-Spine
❒ Renal Stone
❒ Urogram
❒ Cardiac Score
❒ Virtual Colonscopy

❒ CT Angio specify _____
❒ Extreminty specify _____
❒ Other _____

ULTRASOUND

❒ Pelvic Transabdominal (TA)
❒ Pelvic Transvaginal (TV)
❒ Abdominal (Limited or Complete)
❒ Breast
❒ OB Ultrasound < 14 weeks
❒ OB Ultrasound > 14 weeks
❒ OB Ultrasound Follow Up or FU
❒ Scrotal/Testicular
❒ Aorta (AAA)
❒ Thyroid
❒ Renal (Kidney)
❒ Renal With Doppler
❒ Sonohysterogram
❒ Extremity

specify _____

Vascular
❒ Venous Duplex Unilateral
❒ Venous Duplex Bilateral
❒ Carotid Duplex

FLUOROSCOPY

❒ Esophagram
❒ Upper GI
❒ Small Bowel
❒ Barium Enema
❒ Hysterosalpingogram
❒ Joint Injection specify _____
❒ Other _____

ARTHROGRAPHY

❒ CT Arthrogram ❒ MR Arthrogram
❒ Conventional Arthrogram
❒ Extremity specify _____
❒ L ❒ R

PET CT

*Please use PET CT specific order form found online at www.iowaradiology.com/referring or call (515) 415-4881

GENERAL X-RAY

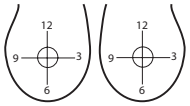
❒ Facial Bones ❒ Hip
❒ Mandible ❒ Pelvis
❒ Nasal Bones ❒ Sacrum/Coccyx
❒ Sinus Series ❒ Scoliosis Series
❒ Skull ❒ Abdomen (KUB)
❒ Chest ❒ Abdomen Flat & Upright
❒ Spine
❒ Cervical ❒ Thoracic ❒ Lumbar

❒ Extremity specify _____
❒ Other _____

BREAST IMAGING BONE DENSITY

❒ Routine Screening
❒ Baseline
❒ Diagnostic
❒ Follow-Up Short-term
❒ Palpable Mass or Area of Concern
(Please indicate on diagram)

❒ Bone Density (DEXA)
❒ Menopausal Status
_____
❒ Hormonal Replacement or Long-Term Drug Therapy
❒ Hx of Pathologic Fractures



BIOPSY

❒ Stereotactic Breast
❒ Ultrasound Guided
❒ Breast
❒ Thyroid (FNA)
❒ MRI Guided Breast Biopsy (Clive Only)

Iowa Radiology
Diagnostic & Preventative Imaging Center

General Business Hours
Monday - Friday 8:00am - 5:00pm
Saturday appointments available for Mammograms

Ph: (515) 226-9810
Fax: (515) 226-8408
www.iowaradiology.com

	CLIVE	DOWNTOWN	ANKENY	WAUKEE
MRI/MRA	X		X	X
CT/CTA	X	X	X	X
BREAST IMAGING	X	X	X	X
ULTRASOUND	X	X	X	X
DEXA	X	X	X	X
FLUOROSCOPY	X	X		
ARTHROGRAPHY	X	X		
GENERAL X-RAY	X	X	X	X
BIOPSY	X	X		
PET CT				X
CARDIAC CT	X			X
CARDIAC MRI	X			

Iowa Radiology Clive
12368 Stratford Dr
Suite 300
Clive, IA 50325

Iowa Radiology Downtown Des Moines
John Stoddard Bldg
1221 Pleasant St
Suite 350
Des Moines, IA 50309

Iowa Radiology Ankeny
3625 N Ankeny Blvd
Suite H
Ankeny, IA 50023

Iowa Radiology Waukee
2515 Grand Prairie Pkwy
Waukee, IA 50263