



HUDSON IMAGING

www.hudson-imaging.com

Scheduling: 715-961-1201 | Fax: 715-961-1125

Date: _____

PATIENT INFORMATION:

Patient Name: _____ DOB: ____/____/____

Phone: Cell/Other: _____ Home: _____

HISTORY / SYMPTOMS / DIAGNOSIS (RULE-OUT TO INCLUDE HISTORY):

SPECIAL INSTRUCTIONS:

- Routine Report: Faxed within 24 hours
- ASAP Report: Faxed within 2 hours
- STAT Report: Immediate Report Faxed for Critical Results
- Fax number: _____
- Call Report: _____
phone number
- After Hours Phone Number: _____

REFERRING PROVIDER INFORMATION:

Provider Name: _____ Provider Signature: _____

Office Contact Name: _____ Phone: _____ After Hours Phone: _____

CT SCAN

Contrast options:

- prn w/ w/o wwo
- Head
- Temporal Bone
- Orbits
- Sinuses
- Neck Soft Tissue
- Chest Low Dose Chest
- Chest/PE
- Abdomen/Pelvis
- Urogram
- Pelvis
- Enterography
- Stone

Specify Level

- C-Spine: _____
- T-Spine: _____
- L-Spine: _____
- Extremity Upper
_____ L / R
- Extremity Lower
_____ L / R
- Wrist/Hand L / R
- Ankles/Foot L / R
- Other: _____

CT ANGIO

- Head
- Neck
- Bilat Ext Runoffs
- Chest
- Abdomen
- Pelvis
- Renal

MRI SCAN

Contrast options:

- prn w/o wwo
- Brain
- Pituitary
- Orbits
- Neck Soft Tissue
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Chest
- Abdomen/Liver Studies
- SI Joints
- Pelvis
- Prostate

- Shoulder L / R
- Hip L / R
- Knee L / R
- Wrist L / R
- Ankle/Foot L / R
- Hand/Finger L / R
- Extremity Upper:
_____ L / R
- Extremity Lower:
_____ L / R
- Other: _____

MRI ANGIO

- Brain
- Neck
- Aortic Arch/Thoracic
- Abdomen
- Bilat Ext Runoffs

BREAST IMAGING

- Screening Mammogram
- 2D 3D

ULTRASOUND

- Transvaginal as clinically indicated, OR
- Pelvic/Transabdominal
- Thyroid
- Carotid Duplex
- Aorta/AAA
- Soft Tissue
Body Part: _____
- Low Ext Venous Duplex
- Abdomen - complete
- Abdomen - limited organ:

- Abdomen with liver doppler
- Renal
- Pelvic
- Pelvic w/ Transvaginal
- Scrotal
- Scrotal w/ Doppler
- Inguinal Hernia/Groin
- Obstetric
EDC or LMP: _____
- Week: _____
- Other: _____

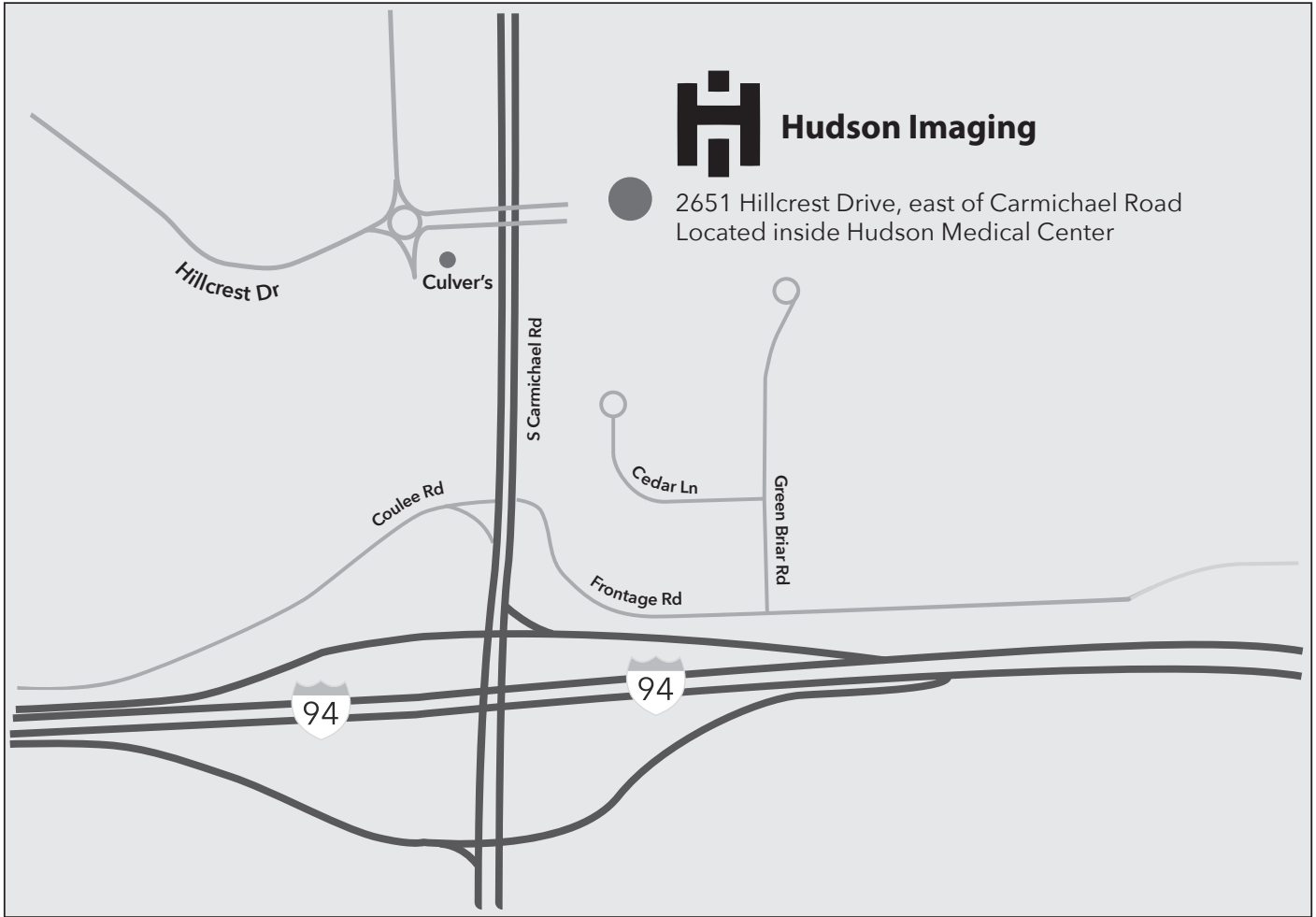
X-RAY

- Chest
- KUB Abdomen
- Hip L / R
- Knee L / R
- Hand L / R
- Wrist L / R
- Ankle L / R
- Foot L / R
- Shoulder L / R
- Finger L / R
- Tibia/Fibula L / R
- Femur L / R
- Elbow L / R
- C-Spine
- T-Spine
- L-Spine

Other: _____

BONE DENSITOMETRY

- Bone Densitometry (DEXA)



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