



THUMB REGION

1100 S. Van Dyke
Bad Axe, MI 48413
989.269.1565 Option 1
Radiology Order Form

Patient Name:		Date & Time of Test:	
DOB:	() OP () AHC		
Ordering Provider:		CC:	
Diagnosis: A.		B.	
C.		D.	

CHEST	ABDOMEN	EXTREMITIES	WOMEN'S HEALTH	
Chest 1 view	Abdomen 1 view KUB	Calcaneous (LT) (RT)	Mammogram-Diagnostic	
Chest 2 views	Abdomen 2 views	Foot (LT) (RT)	Mammogram-Uni (LT) (RT)	
Chest-special views	Acute Abdomen Series	Ankle-3 views (LT) (RT)	Mammogram Screening	
Ribs-Unilateral	GI TRACT	Ankle-post op/reduc (LT) (RT)	Breast Specimen	
Ribs-Bilateral		Tibia-Fibula (LT) (RT)	Breast Localization	
Ribs-Unilat & PA Chest	Modified Barium Swallow	Knee-3 views (LT) (RT)	Bone Densitometry DEXA	
Ribs-Bilat & PA Chest	Upper GI	Knee-post op/reduc (LT) (RT)	Hysterosalpingogram	
Sternum	UGI & Esophagus	Knee-Bilat Weight Bearing		
Sterno-Clavicular Joint	UGI & Esophagus – Air	Patella (LT) (RT)	CHILDREN	
HEAD AND NECK	UGI & Esophagus-S Bowel	Femur (LT) (RT)		Upper Ext Infant (LT) (RT)
	Facial Bones-Complete	Small Bowel	Lower Ext Infant (LT) (RT)	
Facial Bones-Partial	Barium Enema	Hand (LT) (RT)	Scanogram	
Mandible-Complete	Barium Enema – Air	Wrist-3 views (LT) (RT)	Child FB Ingested	
Mandible-Partial	Cholangiogram – Operative	Wrist-post op/reduc (LT) (RT)		
Nasal Bones	Cholangiogram – Post Op	Forearm (LT) (RT)	REMINDER	
Neck Soft Tissue	GU TRACT	Elbow-3 views (LT) (RT)		
Orbits-Complete		Cystogram	Elbow-post op/reduc (LT) (RT)	<p>*** Please remember to bring all images & reports from exams performed at other facilities that pertain to your test for comparison***</p>
Orbits- 2 views FB	Voiding Cystogram	Humerus (LT) (RT)		
Paranasal Sinuses	IVP	Shoulder (LT) (RT)		
Skull-Complete	Renal Fluoroscopy	Clavicle (LT) (RT)		
Skull-2 views	Retrograde	A/C Joint (LT) (RT)		
SPECIAL STUDIES	SPECIAL STUDIES	Scapula (LT) (RT)		
SPINE AND PELVIS	Arthrogram Knee	NOTES	PREGNANCY TEST	
Cervical Spine-Complete	Arthrogram Shoulder			
Cervical Spine-2 views	Arthrogram Wrist			
Lumbar Spine-Complete	C-Arm			
Lumbar Spine-2 views	Fluoroscopy for injection			
Thoracic-Lumbar 2 views	Myelogram-Cervical		_____ Negative	
Thoracic Spine	Myelogram-Thoracic		_____ Positive	
Sacrum and Coccyx	Myelogram-Lumbar		_____ N/A	
Pelvis	Myelogram-Entire			
Sacroiliac Joints	Venogram Unilateral			
Scoliosis Survey	Venogram Bilateral			
	Fluoroscopic Guidance			

Provider Signature: _____