Community Imaging Associates

RADIOLOGY of INDIANA | Community Health Network

Community Imaging Associates
13121 Olio Road, Suite 120, Fishers, Indiana 46037
Scheduling 317.621.0360 | Fax 317.806.5311

CT & MRI Referral

Patient Name: _____ Patient Date of Birth: _____

Patient Phone Number: _____

☐ MRI

- ☐ Brain ☐ W/O ☐ W/WO
- ☐ MRA-Circle of Willis
- ☐ MRA-Neck
- ☐ Pituitary (routinely done w/wo)
- ☐ Orbits (routinely done w/wo)
- ☐ IAC's
- ☐ Cervical ☐ W/O ☐ W/WO
- ☐ Thoracic ☐ W/O ☐ W/WO
- ☐ Lumbar ☐ W/O ☐ W/WO
- ☐ Spine Survey ☐ W/O ☐ W/WO
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Lower Leg ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Shoulder ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Abdomen - Specify Organ:
  - ☐ Liver
  - ☐ Pancreas
  - ☐ Renal
- ☐ MRCP
- ☐ Renal Arteries
- ☐ Pelvis
- ☐ Other: _____

☐ CT

- ☐ Head ☐ W/O ☐ W/WO
- ☐ CTA Head
- ☐ Neck ☐ W/O ☐ W/WO
- ☐ CTA Neck
- ☐ Chest ☐ W/O ☐ W/WO
- ☐ Abdomen ☐ W/O ☐ W/WO
- ☐ Pelvis ☐ W/O ☐ W/WO
- ☐ Abdomen & Pelvis ☐ W/O ☐ W/WO
- ☐ Sinus
- ☐ Cervical ☐ W/O ☐ W/WO
- ☐ Thoracic ☐ W/O ☐ W/WO
- ☐ Lumbar ☐ W/O ☐ W/WO
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Lower Leg ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Shoulder ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Upper Extremity ☐ R ☐ L _____
- ☐ Lower Extremity ☐ R ☐ L _____
- ☐ Other: _____

Indication: _____

Appointment Date: _____ Appointment Time: _____ ☐ AM ☐ PM

Special Instructions: _____

_____ _____

Physician Signature *Date*

_____

Physician Name (Printed)