

# CT Diagnostic Imaging Order Form

\*Please refer to the electronic copy for the latest version.

Referred to Location	Order Fax Number	To Schedule Appointments, Call:
Asante Rogue Regional Medical Center	Routine: 541-789-7170 STAT/ASAP: 541-789-6180 All IR, MSK, and X-Rays: 541-789-7153	541-789-4322 All IR: 541-789-7173
Asante Ashland Community Hospital	541-488-5385	541-201-4380 All IR: 541-201-4378
Asante Three Rivers Medical Center	541-472-7067	541-472-7140

Order Priority	Definition
Routine	A diagnostic or therapeutic procedure that can be scheduled next available.
STAT (24 Hours)	Referring to a diagnostic or therapeutic procedure that is to be performed immediately.
ASAP (7 Days)	As soon as possible, a level of urgency less urgent than 'STAT.'

**Patient Information:**

Order Date (today's date):

Due By Date (if applicable):

Name:

Date of Birth:

Contact telephone number:

Symptoms/Reason for Study:

ICD-10 Code(s):

Insurance:

Pre-Authorization Number:

Height:

Weight:

Patient mobility status:

Walker    Wheelchair    Lift

Does the patient have a glucose monitor?

Yes    No

**If yes, must be removed prior to appointment with radiation**

Are interpreter services needed?

Yes    No

**Ordering Provider Name:**

**Ordering Provider Signature:**

Secondary Provider Name:

Please attach **H&P** and Chart Notes.



PATIENT LABEL

<p>CT</p> <p><b>REQUIRED SELECT ONE:</b></p> <p><input checked="" type="radio"/> With IV Contrast</p> <p><input type="radio"/> Without Contrast</p> <p><input type="radio"/> With and Without IV Contrast</p> <p><input type="radio"/> With Arthrogram Contrast</p> <p><input type="radio"/> With Myelogram Contrast</p>	<p>Abdomen</p> <p>Abdomen and Pelvis</p> <p>Head</p> <p>Cardiac Scoring</p> <p>Chest</p> <p>CTA (select all that apply)</p> <p>    Abdomen</p> <p>    Aorta w/ Run Off</p> <p>    Extremity Lower</p> <p>        <input type="radio"/> Right   <input type="radio"/> Left   <input type="radio"/> Bilateral</p> <p>    Extremity Upper</p> <p>        <input type="radio"/> Right   <input type="radio"/> Left   <input type="radio"/> Bilateral</p> <p>    Head</p> <p>    Neck</p> <p>    Pelvis</p> <p>    Pulmonary</p> <p>    Thoracic Aorta</p> <p>Enterography</p> <p>Extremity (specify location and select one below)</p> <p>    <input type="radio"/> Right   <input type="radio"/> Left   <input type="radio"/> Both</p> <p>Low Dose Lung Screen – <a href="#">Click here for the required Lung Cancer Screening Order form on Asante.org</a></p> <p>Maxillofacial</p> <p>Pelvis</p> <p>Renal colic</p> <p>Sinus</p> <p>Soft Tissue Neck</p> <p>Spine (select all that apply)</p> <p>    Cervical</p> <p>    Thoracic</p> <p>    Lumbar</p> <p>Temporal Bone</p> <p>Urogram</p> <p>Orbits/IAC</p> <p>Virtual Colonoscopy</p> <p>Other (specify)</p> <p>Allergy to Contrast</p> <p>    <input type="radio"/> Yes   <input type="radio"/> No</p> <p><a href="#">Click here for Hyperlink to MRG Allergy form</a></p>	<p>NOTE: For patients who are 60 years or older, labs are required when ordering any CT studies that include IV contrast. Required labs: (1) Creatinine with GFR Please reference the following documents: <a href="#">Click here for Hyperlink to MRG form</a></p> <p>NOTE: CTA Head requires a separate CT Head W/O Contrast order.</p> <p>NOTE: If ordering ‘With Arthrogram Contrast’ include a separate Fluoroscopy Arthrogram order.</p> <p>NOTE: If ordering ‘With Myelogram Contrast’ include a separate Fluoroscopy Myelogram order.</p> <p>NOTE: CT Virtual Colonoscopies can only be completed at Ashland.</p> <p>NOTE: If ordering CT Low Dose Lung Screen for qualifying patients, utilize the hyperlink to review and complete the CT Low Dose Lung Screen Order Form on Asante.org.</p> <p>NOTE: If the patient is allergic to contrast, utilize the hyperlink to review.</p> <p>NOTE: If looking for Appendicitis, Diverticulitis, or cause of Abdominal Pain, please order Abdomen and Pelvis CT</p>
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<p>(Sub CT Category) CT Guided Biopsy</p>	<p>Ablation  <input type="checkbox"/> Cryo   <input type="checkbox"/> Micro                  Bone (specify)                  Bone Marrow                  Drainage                  Kidney                  Liver                  Lung                  Lymph Node (specify)                  Muscle/Soft Tissue (specify location)                  Pancreas                  Other (specify)</p>	<p>NOTE: When an ordering an invasive procedure, labs may be required. Please reference the following documents: <a href="#">Click here for Hyperlink to MRG form</a></p> <p>NOTE: A specimen order must be attached.</p> <p>NOTE: CT Guided Biopsy Bone Marrow is only offered at Rogue (RRMC).</p> <p>NOTE: Ablation is only offered at Rogue.</p>
<p>CT Cardiac</p>	<p>Angio Coronary                  Gated (select one below)  <input type="checkbox"/> CTA Chest   <input type="checkbox"/> CTA Chest/Abdomen/Pelvis                  Heart                  Pulmonary Vein                  TAVR</p>	<p>NOTE: When an ordering an invasive procedure, labs may be required. Please reference the following documents: <a href="#">Click here for Hyperlink to MRG form</a></p> <p>NOTE: Cardiac studies are only completed at Rogue and can only be ordered by Cardiologists.</p>

PATIENT LABEL