PATIENT MR#:____________________

Lake Champlain Imaging PLLC
675 State Route 3 Suite 105
Plattsburgh, NY 12901
Phone: 518-699-XRAY(9729)
Fax: 518-699-9050
www.lcimaging.com

PATIENT NAME:____ DATE:____________________________
DATE OF BIRTH:____ PHONE #:__________________________
PATIENT ADDRESS:____
CLINICAL HISTORY/ICD-10 CODE:____
REFERRING PHYSICIAN SIGNATURE:____
PHYSICIAN PHONE #:____ PRIOR AUTH#:________________________

X-ray

☐ Chest 1 View ○ 2 Views ○
☐ Ribs Right ○ Left ○ Bilateral ○
☐ Abdomen
Upright ○ Acute Abd Series ○
☐ Pelvis A/P Include Standing ○
☐ Sacrum Coccyx
☐ SI Joints
☐ Skull 3 Views ○ 4 Views ○
☐ Mandible
☐ TMJ
☐ Facial Bones
☐ Sinuses
☐ Cervical Spine
2 Views ○ Complete ○
Flex/Ext ○
☐ Thoracic Spine
☐ Lumbar Spine
2 Views ○ Complete ○
Flex/Ext ○
☐ AC Joints With Stress ○
☐ Scoliosis Series
☐ Clavicle Right ○ Left ○
☐ Scapula Right ○ Left ○
☐ Shoulder Right ○ Left ○
☐ Humerus Right ○ Left ○
☐ Elbow 2V Right ○ Left ○
☐ Elbow 4V Right○ Left ○
☐ Forearm Right ○ Left ○
☐ Wrist 2V Right ○ Left ○
☐ Wrist Complete Right ○ Left ○
☐ Hand 2V Right ○ Left ○
☐ Hand 3V Right ○ Left ○
☐ Finger________ Right ○ Left ○
☐ Hip Right ○ Left ○
☐ Femur Right ○ Left ○
☐ Knee Right ○ Left ○
2 View ○ 3 View ○ 4 View ○
☐ Knee Bilateral Standing View
☐ Ankle 2V Right ○ Left ○
☐ Ankle Complete Right ○ Left ○
☐ Foot 2V Right ○ Left ○
☐ Foot 3 V Right ○ Left ○
☐ Toe________ Right ○ Left ○
Weightbearing Yes ○ No ○
☐ Special Views_____________

CT Scan

☐ Abdomen
☐ Abd/Pelvis ○ With ○ Without
☐ Renal Stone Protocol
(Without Contrast)
☐ Hematuria/Urogram
(With and Without)
☐ ABD Only ○ With ○ Without
☐ Pelvis Only ○With ○ Without
☐ Liver Protocol
(With and Without)
☐ Pancreatic Protocol
(With and Without)
☐ Brain
○Without ○ With and Without
☐ Sinuses ○ With ○ Without
☐ Facial Bones
○ With ○ Without
☐ Orbits ○ With ○ Without
☐ Temporal Bones
○ With ○ Without
☐ Neck ○With ○ Without
☐ Chest ○With ○ Without
☐ Low Dose Chest Lung Cancer Screening
☐ Coronary Calcium Scan
☐ C-Spine ○ With ○ Without
☐ T-Spine ○ With ○ Without
☐ L-Spine ○ With ○ Without
☐ Musculoskeletal Joint
○With ○ Without
Site______________ ○ RT ○ LT
☐ Musculoskeletal Soft Tissue
○With ○ Without
Site______________ ○ RT ○ LT

CT Angiography

☐ Brain
☐ Neck/Carotid
☐ Chest (PE Protocol)
☐ Chest (Thoracic Aneurysm)
☐ Abdomen
☐ Abdomen/Pelvis
☐ Runoff Study
☐ Lower Extremity ○ RT ○ LT
☐ Upper Extremity ○ RT ○ LT

Ultrasound

☐ Thyroid
☐ Neck/Head Lump,Soft Tissue
☐ Abdomen Complete
☐ Abdomen Limited:
____
☐ Breast Screening (Dense Pt)
☐ Breast Lump (< 30) ○ RT ○ LT
☐ Renal ○ Include Bladder
☐ Bladder Only
☐ Pelvic (Transabdominal Only)
☐ Pelvic (Endovaginal Only)
☐ Pelvic Combined (TA and EV)
☐ Pelvic Follicle Study
☐ Pelvic OB 1st Trimester
☐ Testicular/Scrotal
☐ Musculoskeletal
Site_____________ ○ RT ○ LT
☐ Soft Tissue (Lump/Mass)
Site_____________ ○ RT ○ LT
☐ Diagnostic Body Part/Misc.
Site ____________________

Vascular Ultrasound

☐ Carotid Duplex
☐ Aorta AAA Screening
☐ Aorta Complete Diagnostic
☐ Renal Artery
☐ Mesenteric Arteries
☐ Arterial Upper Extremity
○ RT ○ LT ○ Bilateral
☐ Arterial Lower Extremity
○ RT ○ LT ○ Bilateral
☐ ABI (Vascular Study Only)
☐ ABI (With Foot Neuropathy)
☐ ABI Complete:
(Vascular, Neuropathy and Autonomic Dysfunction)
☐ Venous Upper Extremity
○ RT ○ LT ○ Bilateral
☐ Venous Lower Extremity (DVT)
○ RT ○ LT ○ Bilateral
☐ Venous Lower Extremity Insufficiency Study
○ RT ○ LT ○ Bilateral

Echocardiogram

☐ Echo

Bone Densitometry

☐ DEXA

Fluoroscopy

☐ Esophagram
☐ Swallow Study with Speech Pathology
☐ Upper GI
☐ Small Bowel Series
☐ Joint Injection Right ○ Left ○
Site:______________________

Ultrasound Biopsy

☐ Thyroid FNAB
Right ○ Left ○
☐ Lymph Nodes FNAB
Right ○ Left ○
☐ Parotid FNAB
Right ○ Left ○