

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>REQUIRED SELECT ONE:</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:</p> <p> Select one: <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both</p> <p>Low Dose Lung Screen – Click here for the required Lung Cancer Screening Order form on Asante.org</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>Click here for Hyperlink to MRG Allergy form</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: Click here for Hyperlink to MRG form</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: Click here for Hyperlink to MRG form</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: Click here for Hyperlink to MRG form</p> <p>NOTE: Cardiac studies are only completed at Rogue and can only be ordered by Cardiologists.</p>

PATIENT LABEL