

Physician Referral Form

Patient Name _____ Date _____

Appointment Date _____ Time _____ Referring Physician _____

Diagnosis with ICD9 _____ Referring Physician Telephone# _____

Indication _____

Physician's Signature _____ cc: _____

MRI

- With Contrast Without Contrast W & W/O Contrast
- At Radiologists Discretion
- Brain Pituitary MR Angiography (MRA)
- IAC/CP Angle _____ Intra-Cranial
- Orbits _____ Extra-Cranial/Carotids
- TMJ _____ Renal
- Neck Soft Tissue _____ Thoracic Aorta
- Brachial Plexus _____ Abdominal Aorta
- Spine _____ Cervical _____ Lower Extremity
- _____ Lumbar _____ Upper Extremity
- Chest Other _____
- Abdomen MR Arthrogram
- MRCP _____ R _____ L
- Pelvis _____ Wrist
- _____ Shoulder
- Shoulder _____ R _____ L
- Elbow _____ R _____ L
- Wrist _____ R _____ L
- Hand _____ R _____ L
- Hip _____ R _____ L
- Knee _____ R _____ L
- Ankle _____ R _____ L
- Foot _____ R _____ L

Fluoroscopy

- Upper GI (UGI) Esophagram
- Small Bowel Follow Through (SBFT) Hysterosalpingram
- Voiding Cystogram Arthrography _____

Ultrasound

- Abdomen, Complete Breast _____ R _____ L
- Renal _____
- Retroperitoneum, Limited Aorta _____
- _____ Renal or _____ Abd Aorta _____
- Thyroid
- Thyroid Biopsy
- Scrotum
- Bladder
- Pelvis Endovaginal
- Pelvis Transabdominal
- OB 1st
- OB 2nd
- OB 3rd

Vascular

- Carotids
- Renal Doppler
- Lower Extremity Venus
- Upper Extremity Venus
- Arterial Doppler with ABI

CT

- Head With Contrast
- Neck Soft Tissue Without Contrast
- Chest With & Without Contrast
- Abdomen At Radiologist's Discretion
- Pelvis Sensitivity to IV Contrast
- Orbits High Resolution Chest
- IAC's/Temporal Bone Thoracic Aorta CT Angiography
- Facial Bones Circle of Willis Renals
- Lower Extremity Carotids Pulmonary
- Upper Extremity ABD Aorta
- Spine _____ Cervical _____ Thoracic _____ Lumbar Lower Extremities
- Sinuses _____ Coronals _____ Axials Foot, Ankle, Leg, Knee _____ R _____ L
- Other _____ Shoulder, Elbow, Wrist _____ R _____ L

Bone Densitometry DEXA

Diagnostic Radiology

- Chest 1 View or 2 Views
- Apical Lordotic Decubitus
- Ribs _____ R _____ L
- Sternum
- Spine _____ Cervical _____ Thoracic _____ Lumbar _____ Flex/Ext _____ Upright
- Skull
- Facial Bones SI Joints _____ R _____ L
- Nasal Bones Hip _____ R _____ L
- Orbits Femur _____ R _____ L
- Mandible Knee _____ R _____ L
- Sinuses Lower Leg _____ R _____ L
- TMJ Ankle _____ R _____ L
- Abdomen Foot _____ R _____ L
- Obstruction Series Shoulder _____ R _____ L
- KUB Scapula _____ R _____ L
- Pelvis Clavicle _____ R _____ L
- Sacrum/Coccyx Humerus _____ R _____ L
- Sacrum/Coccyx Elbow _____ R _____ L
- Bone Survey Forearm _____ R _____ L
- Other _____ Wrist _____ R _____ L
- _____ Hand _____ R _____ L
- _____ Finger _____ R _____ L

Convenient Location

Located at 9335 McKnight Road, Allegheny Imaging of McCandless is a short distance north of the Ross Park Mall. Turn left onto Arcadia Court at the Outback Steak House. Make an immediate left behind the restaurant and proceed to the last building on your right. The Imaging Center is located on the first floor. Free parking is offered for all patients and visitors.

Allegheny Imaging of McCandless, LLC
9335 McKnight Road
Pittsburgh, PA 15237
412-367-SCAN (7226)
412-367-3103 (Fax)

