



**Cullman Regional Imaging Center**  
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 Cullman Scheduling: 256-737-2667  
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# IMAGING PATIENT REFERRAL

**Patient name** \_\_\_\_\_ **DOB** \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Address \_\_\_\_\_ SSN \_\_\_\_\_  
 Provider Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Primary Insurance \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy \_\_\_\_\_ Group \_\_\_\_\_  
 Clinical Information \_\_\_\_\_

## X-Ray/Fluoroscopy (Fluoroscopy not available in Hartselle)

Body Part \_\_\_\_\_  
 Rt  Lt  
 Bilateral  Ba Swallow  
 Barium Enema  Upper GI  
 Other: \_\_\_\_\_  Retrograde Urethrogram (RUG)

## Ultrasound

Abdomen Limited - Any Organ or Quadrant \_\_\_\_\_  
 Abdomen Complete  
 Aorta  
 Thoracentesis  
 Paracentesis  
 Renal  
 Testicular  
 Biopsy of: \_\_\_\_\_  
 Aspiration of: \_\_\_\_\_  
 Biophysical Profile  
 OB Pelvic (1st Tri)  
 OB/Pregnancy (2/3 Tri)  
 Additional fetus  
 Non-OB Pelvic  
 Trans-Vaginal Pelvic  
 Drainage of: \_\_\_\_\_  
 Other: \_\_\_\_\_

## MRI

**Without Contrast**  **Radiologist Discretion**  **With and Without Contrast**  
*\*If patient has impaired renal function, or over age 60 Creatinine results are required for contrast studies.*  
 Creatinine Lab Results included with order (see attached)  
 Order Creatinine prior to test  
 Please specify \_\_\_\_\_  
 Brain  Other \_\_\_\_\_  
 Spine \_\_\_\_\_  Abdomen \_\_\_\_\_  
 Pelvis \_\_\_\_\_  Extremities \_\_\_\_\_  
 Joint with Contrast (MRI Arthogram) \_\_\_\_\_  MRA \_\_\_\_\_

## Special Instructions

STAT/Call Report  
 Compare to previous results at \_\_\_\_\_  
 Please send disc with patient  
 Send to RADConnect  
 Fax Results to \_\_\_\_\_  
 Cullman Regional Obtain Authorization  
*Include completed pre-authorization form with order*  
 Authorization Obtained by Office  
 Authorization # \_\_\_\_\_  
*Include printed Web Authorizations sheet, if available*

## Nuclear Medicine (Not available in Hartselle)

Bone Scan  Whole Body  LTD  3 phase  
 Body Part: \_\_\_\_\_  
 Thyroid scan  Uptake  
 Parathyroid  
 HiDa \_\_\_\_\_  
 WBC CERETEC  
 Gastric Emptying  
 Myo Cardiac Perfusion  
 Renogram  
 VQ Lung Scan  
 Testicular Scan  
 Other: \_\_\_\_\_

*\*If patient has impaired renal function, or over age 60 Creatinine results are required for contrast studies.*

Creatinine Lab Results included with order (see attached)  Order Creatinine prior to test

*\*CTA's are done with contrast unless stated otherwise.*

## CT SCAN

**Without Contrast**  
 Head  
 Chest  High Res  Low Dose  
 Abdomen  
 Pelvis  
 Sinus  
 Cardiac Calcium Scoring

## Preferred method of contrast IV Oral

**With and Without Contrast**  
 Soft tissue neck  
 C-spine  
 L-spine  
 T-spine  
 C-spine  
 Other: \_\_\_\_\_  
 **With Contrast**  
 **Radiologist Discretion**  
 CTA (body part) \_\_\_\_\_  
 Cardiac CTA (with Calcium Score CT if needed)  
 Biopsy of: \_\_\_\_\_  
 Drainage of: \_\_\_\_\_  
 Aspiration of: \_\_\_\_\_

**ICD10 Code** \_\_\_\_\_

**Legible Descriptive Diagnosis (required)** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_

**Date** \_\_\_\_\_