



VANCOUVER RADIOLOGISTS, P.C.

Scheduling Hotline: 360.254.4914

Fax: 360.449.4987

Vancouver Village Shopping Center
4816A NE Thurston Way
Vancouver, WA 98662

South View Center at Fisher's Landing
3250 SE 164th Ave., Ste. 108
Vancouver, WA 98683

APPOINTMENT:

DATE _____

TIME _____

LOCATION _____

Patient Information

Order Date _____

Name _____

Phone _____ DOB _____

Height _____ Weight _____

Referring Provider Information

Name _____

Signature _____ Office Phone # _____

Fax # _____ After Hours Phone _____

Treating physician _____

Insurance Information

Insurance _____

Authorization # _____

When the Exam is Completed

Hold Patient Urgent Preliminary Report (STAT) Phone consult with Radiologist

Burn CD _____

Please notify us if relevant comparison films, reports or current labs are available.

REQUIRED Clinical History Relevant To Exam

Presenting signs/symptoms: _____

Pain: No Yes (if yes describe) _____ Laterality/specific site: _____

General X-Ray

Spine

- Postural Study
- Cervical Spine
 - AP, APOM, Lat
 - AP, APOM, Lat, Flex, Ext
 - AP, APOM, Lat, Obls
 - Davis Series (All of the above)
 - LPO/RPO Only

- Thoracic Spine
 - AP, Lat, Swimmers
- Lumbar Spine
 - AP, Lat
 - AP, Lat, Lat L/S Spot
 - AP, Lat, Obls
 - Flexion/ Extension
 - Lateral Bending
 - Other View: _____

- Sacrum / Coccyx
- Leg Length
- Scoliosis Survey
- Other: _____

Lower Extremity

- Pelvis
- Hip w/ AP Pelvis (Right / Left)

- Knee (Right / Left)
 - AP, Lat, Tangential
 - Other View: _____
- Ankle (Right /Left)
 - AP, Lat, Obl
 - Stress Views

- Foot (Right / Left)
- Toes (Right / Left) (digit) _____
- Other: _____

Upper Extremity

- Shoulder (Right / Left)
- Clavicle (Right / Left)
- Acromioclavicular Joints

- Elbow (Right / Left)
 - AP, Lat, Obl
 - Radial Head
- Wrist (Right / Left)
 - AP, Lat, Obl
 - Other View: _____

- Hand (Right / Left)
 - AP, Lat, Obl
 - Norgaard's
- Fingers/Thumb (Right / Left) (digit) _____
- Ribs w/ CXR (Right / Left)
- Other: _____

MRI
(Southview Only)

- Cervical Spine
- Extremity
- Thoracic Spine
- Other: _____
- Lumbar Spine

CT

- Cervical Spine
- Scanogram (Bone Length Only)
- Thoracic Spine
- Other: _____
- Lumbar Spine

DEXA - Bone Density
(Van Village Only)

- Osteoporosis Screening