

Please contact us at: Phone 414.529.3100 Fax 414.529.3102
Location Preference: [ ] 8522 W. Capitol Drive, Milwaukee, WI 53222
[ ] 10500 W. Loomis Rd., Suite 120 Franklin, WI 53132

Please fax copy of insurance card with order.
Please feel free to photocopy form.
To access more order forms please visit www.pdi-radiology.com

Patient Name: LAST FIRST MIDDLE INITIAL Date of Birth: \_\_\_/\_\_\_/\_\_\_ [ ] Male [ ] Female

Address: STREET CITY STATE ZIP CODE

Phone Numbers: Home Cell

Diagnosis/Reason for Exam (Please avoid "rule out" terminology):

ORDERS

RADIOGRAPHY/X-RAY: [ ] Lat Neck [ ] 2 View Neck [ ] 2 View Chest [ ] Sinus
Other or Special Request

FLUOROSCOPY: [ ] UGI [ ] Small Bowel [ ] OPMS [ ] Airway
Other or Special Request

ULTRASOUND:

MRI: [ ] Head/Brain [ ] Soft Tissue Neck [ ] Chest [ ] Face [ ] Orbits [ ] Inner ear/posterior fossa
[ ] Other
[ ] Contrast [ ] No Contrast [ ] Radiologist's Discretion

CT: [ ] Sinus [ ] Neck [ ] Chest [ ] Temporal Bones [ ] Facial Bones
[ ] Brain [ ] Skull [ ] Skull and Face 3D [ ] Orbits [ ] Airway with Reformat
Other or Special Request
[ ] Contrast [ ] No Contrast [ ] Radiologist's Discretion

If patient is >50 years of age, is Diabetic, or has Kidney Disease: [ ] Creatinine Results and Date Drawn
[ ] 3D [ ] Coronal [ ] Sagittal [ ] Radiologist's Discretion

INTERVENTIONAL: [ ] PICC [ ] Aspiration/Biopsy SITE
[ ] Vein therapy consultation [ ] Other

OTHER CLINICAL INFORMATION

[ ] Allergies or Other Risk Factors? [ ] NKA
[ ] This Patient will Likely Need Sedation [ ] Known Claustrophobia (MRI)
[ ] Negative Pregnancy Test; Date [ ] Not Applicable

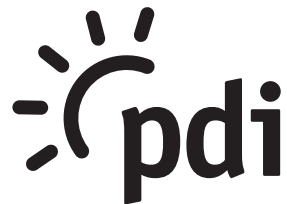
SPECIAL REQUESTS

[ ] Call Results to [ ] Fax Results to
[ ] Send CD with Patient [ ] Send Films with Patient [ ] Send Paper Copy with Key Images
[ ] Mail CD with Report [ ] Compare to Exam Performed at Date

PHYSICIAN'S SIGNATURE (REQUIRED)

PLEASE PRINT NAME

DATE



# RADIOLOGY

ADULT DIAGNOSTIC IMAGING

**FRANKLIN** OneSource Medical Center  
10500 W. Loomis Rd., Suite 120  
Franklin, WI 53132

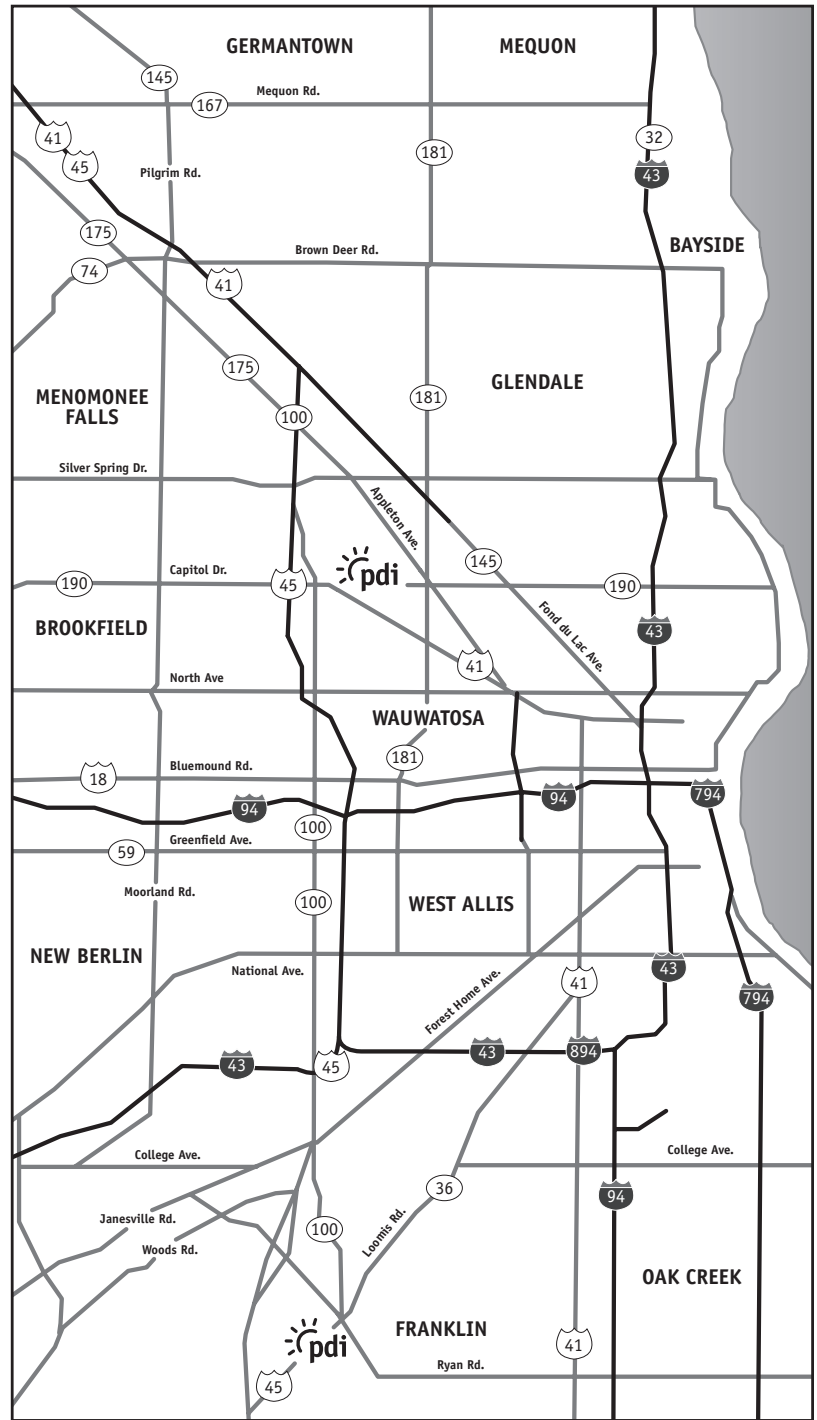
PHONE (414) 529-3100  
FAX (414) 529-3102  
WEB SITE [www.pdi-radiology.com](http://www.pdi-radiology.com)  
HOURS 8 am - 7 pm Monday - Friday

**MILWAUKEE** 8522 W. Capitol Drive,  
Milwaukee, WI 53222

PHONE (414) 529-3100  
FAX (414) 529-3102  
WEB SITE [www.pdi-radiology.com](http://www.pdi-radiology.com)  
PARKING Convenient parking on Capitol Drive, 86th Street or in rear of building (enter via alley).  
HOURS 8 am - 7 pm Monday - Friday  
9 am - 1 pm Saturday



**Milwaukee & Franklin Locations**



↙ BURLINGTON

↘ RACINE