

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 of: [] Right [] Left
[] Chest x-ray, 2 view [] Abdomen x-ray, 1 view or 2 view [] Scoliosis, 2 view Special views?

FLUOROSCOPY: [] UGI [] Small Bowel [] Colon [] Esophagram
Other or Special Request

ULTRASOUND: [] Renal [] Vascular screening/ABI [] Carotid [] Abdomen [] Pelvis
Other or Special Request

MRI: [] Head/Brain [] MRA [] Spine ([] C [] T [] L) [] Knee
[] Extremity [] Right [] Left
[] Soft Tissue Neck [] Chest [] Abdomen [] Pelvis [] Other
[] Contrast [] No Contrast [] Radiologist's Discretion

CT: [] Head [] Neck [] Chest [] Abdomen & Pelvis [] Sinus [] CTA
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

INTERVENTIONAL: [] PICC [] Tube Placement TYPE SITE [] Arthrogram
[] LP SEND FOR [] Aspiration/Biopsy [] Epidural injection [] Facet injection SITE
[] Vein therapy consultation

OTHER CLINICAL INFORMATION

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

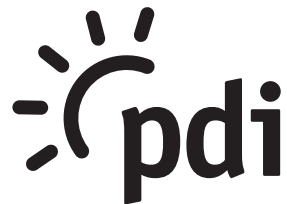
SPECIAL REQUESTS

[] 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
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
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

