# Lincoln Trail Diagnostics

MRI OPEN MRI CT ULTRASOUND XRAY

## REFERRAL ORDER FORM

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Toll Free: 866.765.3768 I Phone: 270.765.3700 I 270.765.3704
Tax ID: 611379103
www.lincolntraildiagnostics.com

**APPOINTMENT DATE:** _____ **Time:** _____

**Patient's Name:** _____ **DOB:** _____

**Phone #::** _____ **Insurance ID #:** _____

**Gender:** ☐ Male ☐ Female **Preauthorization #:** _____

**Signs & Symptoms / ICD-10 :**

## PROVIDER INFORMATION

Provider Name: _____ Provider Signature: (Req) _____

Contact Person: _____ Phone/Fax: (Req) p: _____ f: _____

Insurance / ID#: _____ Request CD? ☐ YES ☐ NO

## MRI (HIGH FIELD 350lbs I OPEN 500lbs)

☐ RAD discretion ☐ W/ ☐ W/O *May Need Precert

- ☐ Brain
- ☐ IACs
- ☐ Orbits
- ☐ Sella/Pituitary
- ☐ MRA Head
- ☐ MRA Carotids
- ☐ MRA Other: _____
- ☐ Abdomen / MRCP
- ☐ Abd / Kidney / Liver
- ☐ Pelvis
- ☐ Spine ☐ C ☐ T ☐ L
- ☐ Other _____
- ☐ Lower Ext Non-Joint ☐ R ☐ L _____
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Upper Ext Non-Joint ☐ R ☐ L _____
- ☐ Shoulder ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L

## X-ray

- ☐ Skull
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Sinus Series
- ☐ Chest PA & LAT
- ☐ Ribs w/ PA Chest
- ☐ Cervical ☐ 2V ☐ 5V
- ☐ Thoracic
- ☐ Lumbar ☐ 2V ☐ 5V
- ☐ Flexion/Extension
- ☐ Abdominal Series
- ☐ Scoliosis Series
- ☐ Abdomen (KUB)
- ☐ Pelvis
- ☐ Shoulder ☐ R ☐ L
- ☐ Humerus ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Finger ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Femur ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Tib/Fib ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L

## CT (COMPUTED TOMOGRAPHY) 440lbs

☐ RAD discretion ☐ W/ ☐ W/O *May Need Precert

- ☐ Brain/ Head
- ☐ Pituitary/Head
- ☐ Facial bones
- ☐ IACs
- ☐ Orbits
- ☐ Sinuses
- ☐ Neck/Soft Tissue
- ☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Upper Extremity ☐ Right ☐ Left
- ☐ Lower Extremity ☐ Right ☐ Left
- ☐ Other _____
- ☐ Chest
- ☐ Abdomen
- ☐ Abdomen/Pelvis
- ☐ Pelvis
- ☐ Renal Stone Protocol
- ☐ CTA Head
- ☐ CTA Neck
- ☐ CTA Chest (PE Protocol)
- ☐ CTA Bilat lower ext. run-off

## ULTRASOUND

- ☐ Aorta
- ☐ Gallbladder
- ☐ Abdomen Complete
- ☐ Abdomen Limited
- ☐ RUQ
- ☐ Pelvic & Transvaginal
- ☐ Pelvic (Supra-pubic)
- ☐ Transvaginal Only
- ☐ Scrotum
- ☐ Renal
- ☐ Thyroid
- ☐ Carotid
- ☐ Soft Tissue
- ☐ BPP
- ☐ OB 1st Trimester
- ☐ OB 2nd Trimester
- ☐ Venous Doppler– Lower Ext
- ☐ Venous Doppler– Upper Ext

☐ Other _____

I, _____, authorize Lincoln Trail Diagnostics to obtain medical records from other medical facilities pertaining to the procedure at Lincoln Trail Diagnostics.

Signature: _____ Date: _____

*Please bring this form with you to your appointment*

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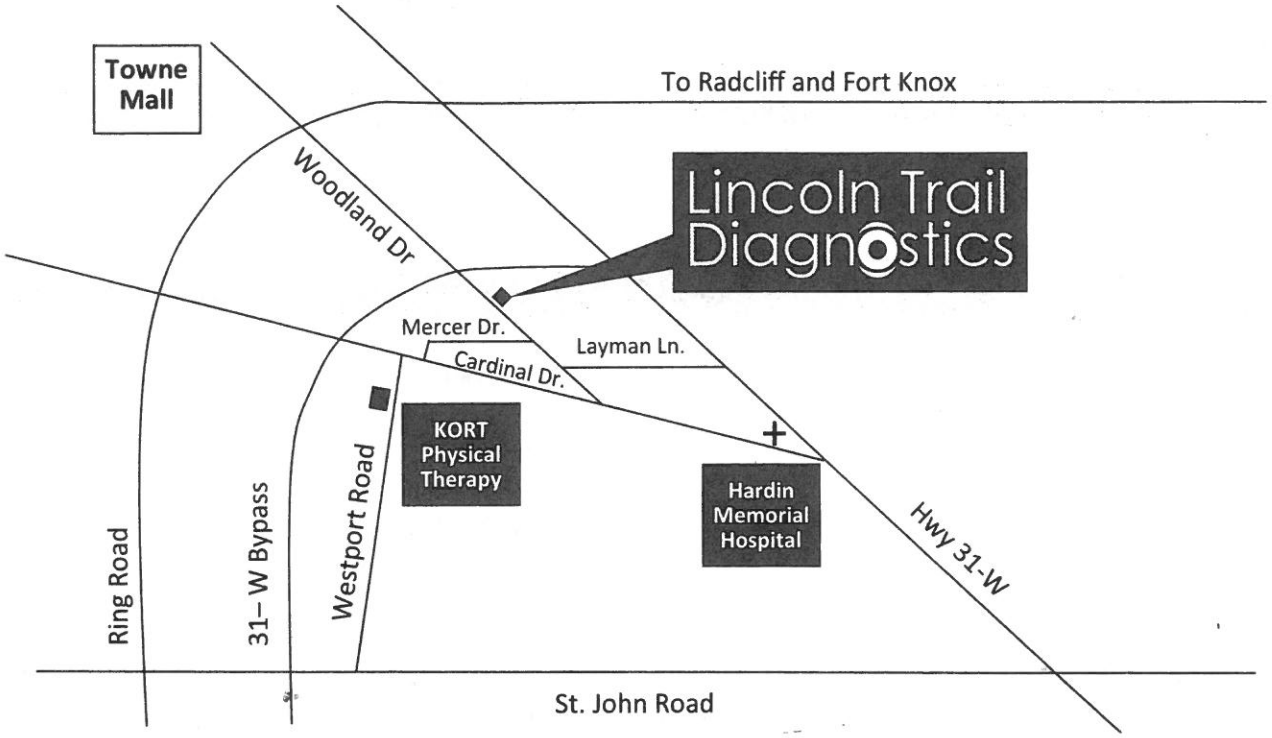


## EXAM PREP:

### MRI/MRCP:

***MRI-*** Pacemakers are prohibited in MRI and certain implants are contraindicated. Please call if you have an implant of any type.

***MRCP***- No food or drink for 6 hours prior to appointment.

### CT:

***IV Contrast Studies***: No food or drinks (except water) for 4 hours prior to appointment. Water is acceptable and encouraged to hydrate before injection.

***Oral Contrast:*** Arrive 1 hour prior to scheduled appointment to drink oral contrast. Patients may choose to pick up contrast packet prior to scheduled appointment and prep at home.

### Ultrasound:

***Abdominal or Gallbladder***: No food or drink after midnight prior to exam time.
Pelvic or OBGYN: Full bladder is required prior to imaging.

### X-ray:

No preparation required.

**Please call if you have any questions: 270-765-3700**