PLEASE FAX ORDERS TO (719) 867-7900

(719) 785-9000 option 1 for Scheduling *Attach additional notes as required and necessary*

Locations / Maps on reverse side

PENRAD IMAGING

Date: _____ Patient Name: _____

DOB: _____ Patient # to schedule: _____

Insurance: _____ Authorization: _____

(719) 785-9000
(877) 6-PENRAD
(877) 673-6723
PENRAD.org

Symptoms, background information, or clinical history.

Please include **What, When and Where** the injury / illness occurred:

_____

_____

☐ STAT

☐ CALL REPORT

Contact: _____

MRI / MRA ☐Contrast if indicated

☐MR Brain ☐IAC's ☐MR Cervical Spine

☐Orbits (Brain NOT included) ☐MR Lumbar Spine

☐ MRI Face ☐MR Thoracic

☐MRI Abdomen ☐MRCP

☐MRA Head w/o ☐MRA Neck w/wo

☐MRA Chest w/wo ☐MRA Abdomen w/wo

☐MRV Head w/wo ☐MRV IVC w/wo

☐MRI Joint: ☐L ☐ R Specify:

CT/CTA ☐Contrast if indicated

☐CT Head / Brain ☐CT IAC's

☐CT Sinus ☐Medtronic ☐CT Soft Tissue Neck

☐CT Chest ☐CT IVP

☐CT Abdomen ☐CT Abdomen & Pelvis

☐CT Pelvis ☐CT Enterography

☐CTA Head/COW ☐CTA Neck

☐CT Facial Bones ☐CTA Chest (r/o PE)

☐CTA Abdomen ☐CTA Abdomen/Pelvis

SPINE: ☐Cervical ☐Thoracic ☐Lumbar

☐CTA Abdomen/Pelvis with run-off

☐Joint: ☐L ☐ R

Specify_____

☐ Coronary Artery Calcium Scoring/HeartScreen

☐ Lung Cancer Screening

PET/CT

☐ PET with CT Skull Base to Mid-Thigh

☐with CT Neck w/contrast *if indicated*

☐ PET with CT Whole Body

☐with CT Neck w/contrast *if indicated*

Mammography ☐3D *Mammography*

☐Screening

☐Diagnostic, bilateral

☐with breast ultrasound *if indicated*

☐Diagnostic, unilateral

☐L ☐ R ☐with breast ultrasound *if indicated*

☐Stereotactic Biopsy

☐L ☐ R ☐Bilateral ☐Multi-site

Nuclear Medicine

☐Bone Scan with 3 Phase ☐Bone Scan / Limited

☐Bone Scan / Whole Body ☐Bone Scan with SPECT

☐HIDA Scan ☐Gastric Emptying Study

☐Thyroid Uptake & Scan ☐Parathyroid Scan

Fluoroscopy

☐VCUG ☐IVP

☐HSG (Hysterosalpingogram)

☐Arthrogram (Specify): _____

Ultrasound - ☐Doppler If Indicated

☐Upper Abdomen (Doppler if Indicated)

☐Aorta (Doppler if Indicated) ☐ Soft Tissue Neck

☐Pelvic (Doppler if Indicated) ☐ Thyroid

☐Scrotum (Doppler if Indicated) ☐ Renal (includes Bladder)

☐Carotid (includes vertebral)

☐OB 1st Trimester Only (Doppler if Indicated)

☐Limited Abdomen: Specify_____

☐Arterial Extremity

☐L ☐ R ☐Bilateral ☐Arm ☐Leg

☐Venous Extremity

☐L ☐ R ☐Bilateral ☐Arm ☐Leg

☐Breast

☐L ☐ R ☐Bilateral

Diagnostic X-Ray: Walk-ins Welcome - No Appointments

☐Specify Area(s):

_____

_____

DEXA

☐Bone Density ☐Forearm

Unlisted Exam(s):

_____

_____

_____

Referring Provider: _____

Provider Signature: _____

Location: _____

Office Phone: _____ Fax: _____

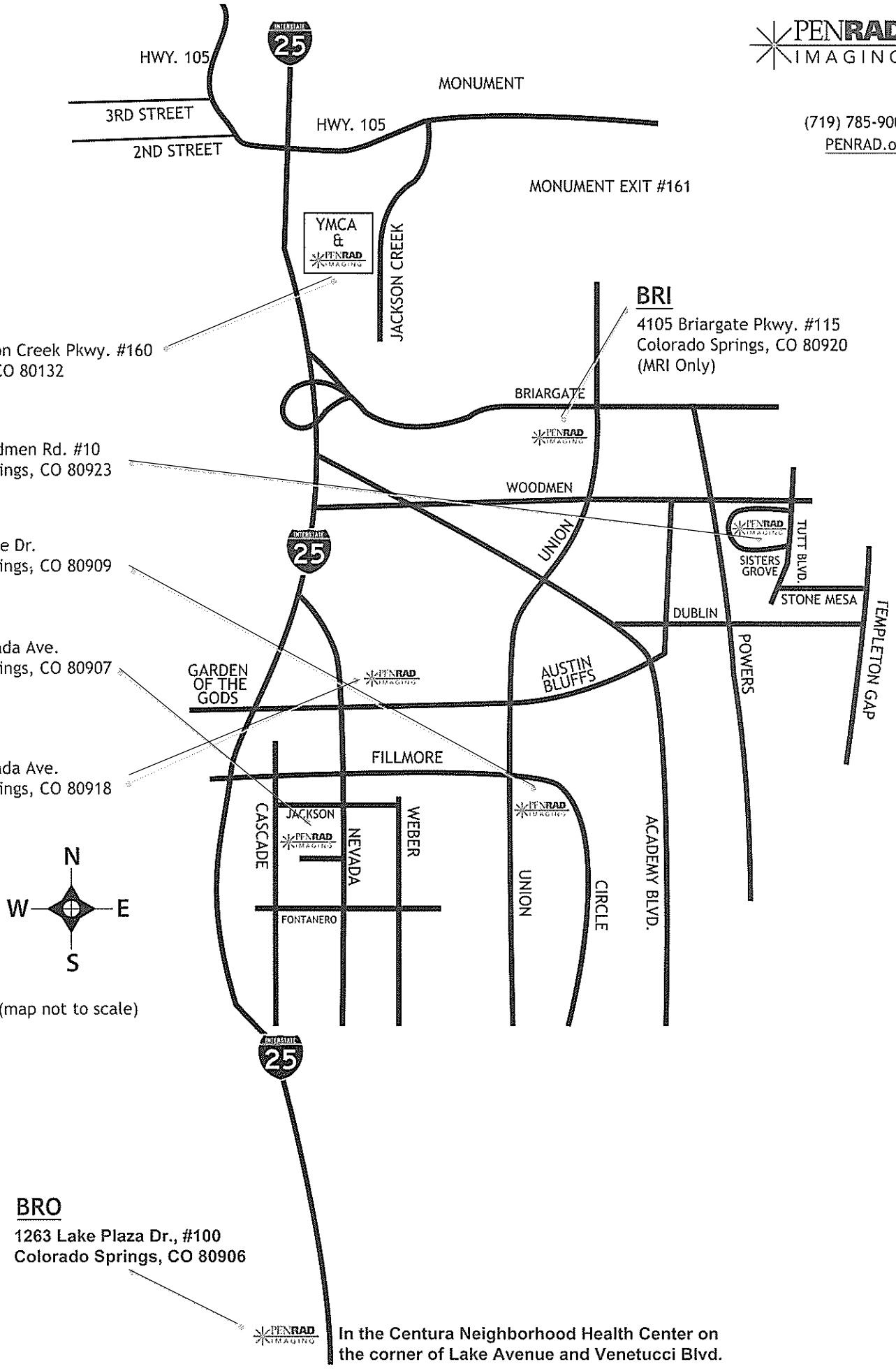
PENRAD CONFIRMATION

Appt: Date & Time:_____

Location: _____

PENRAD IMAGING

(719) 785-9000
PENRAD.org



TRI
17230 Jackson Creek Pkwy. #160
Monument, CO 80132

SGP
6011 E. Woodmen Rd. #10
Colorado Springs, CO 80923

AMC
3050 N. Circle Dr.
Colorado Springs, CO 80909

NEV
2202 N. Nevada Ave.
Colorado Springs, CO 80907
(MRI Only)

HYBL
4925 N. Nevada Ave.
Colorado Springs, CO 80918
(MRI Only)

BRI
4105 Briargate Pkwy. #115
Colorado Springs, CO 80920
(MRI Only)

(map not to scale)

BRO
1263 Lake Plaza Dr., #100
Colorado Springs, CO 80906

In the Centura Neighborhood Health Center on the corner of Lake Avenue and Venetucci Blvd.