



spectrum

MEDICAL IMAGING CENTER

1610 Prairie Center Parkway, Suite 2100, Brighton, CO 80601
www.spectrum-imaging.com

PHONE: (303)558-1755 FAX: (303)835-7544

TIC# 47-5236844

PRECERT (Requires most recent clinicals)

STAT: (call) _____

SCHEDULE APPT DATE: _____

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Phone Numbers: _____

Insurance: _____

Policy Number: _____

DX/ INDICATIONS: _____

PROVIDER INFORMATION

Provider Name: (Req) _____

Provider Signature: (Req) _____

Provider Contact Ph: (Req) _____

Provider Fax: (Req) _____

Precert Number: _____

** This order authorizes Spectrum Medical Imaging to determine use of contrast, and perform labs or orbit x-rays as deemed medically necessary.**

MRI (HIGH FIELD OPEN) 660 lbs

If applicable: Right Left Bilateral

- Brain
 - Attn: IAC's
 - Attn: Pituitary
 - Orbits
 - TMJ
 - Soft Tissue Neck
 - Brachial Plexus
 - MRA Brain
 - MRA Carotid
 - MRA Renal
 - OTHER: _____
- Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - MRCP
 - Abdomen
 - Pelvis
 - Sacrum/Coccyx
 - Shoulder
 - Humerus
 - Elbow
- Forearm
 - Wrist
 - Hand
 - Hip
 - Femur
 - Knee
 - Tib/Fib
 - Ankle
 - Foot
 - Forefoot
 - Mid
 - Heel

CT 350 lbs *Coming September 2017 *

If applicable: Right Left Bilateral

- Head w/wo wo
 - Orbits
 - Facial Bones
 - Temporal Bones/IACs
 - Sinus
 - Neck
 - CTA Head/Neck
 - Aortic Runoffs
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - OTHER: _____
- Chest
 - Chest for PE
 - Lung Screening
 - Abd / Pelvis
 - Abdomen
 - Adrenals w/wo
 - Liver w/wo
 - Pancreas w/wo
 - Kidney w/wo
 - Pelvis
 - Stone Protocol
- Shoulder
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Hand
 - Hip
 - Femur
 - Knee
 - Tib/Fib
 - Ankle
 - Foot
 - 3D Recon

ULTRASOUND

If applicable: Right Left Bilateral

- Aorta
 - Gallbladder
 - Abdomen Complete
 - Abdomen Limited _____(organ)
 - RUQ
 - Pelvic & Transvaginal
 - Pelvic (Supra-pubic only)
 - Transvaginal Only
 - Scrotum
 - OTHER: _____
- Renal
 - Thyroid
 - Carotid
 - Soft Tissue
 - BPP
 - OB 1st Trimester
 - OB 2nd Trimester
 - Arterial Doppler- Lower Ext
 - Venous Doppler- Lower Ext
 - Venous Doppler- Upper Ext
 - Renal Artery Doppler

X-RAY

If applicable: Right Left Bilateral

- Chest / Single View
 - Chest PA & LAT
 - Ribs
 - Cervical Spine 2V
 - Cervical Spine 5V
 - Thoracic Spine
 - Lumbar Spine 2V
 - Lumbar Spine 5V
 - Flexion/Extension
 - Abdominal Series
 - Scoliosis Series
 - OTHER: _____
- KUB
 - Pelvis
 - TMJ
 - Skull
 - Facial Bones
 - Sinuses
 - Shoulder
 - Humerus
 - Elbow
 - Forearm
- Wrist
 - Hand
 - Finger
 - Hip
 - Femur
 - Knee
 - Tib / Fib
 - Ankle
 - Foot
 - Toe

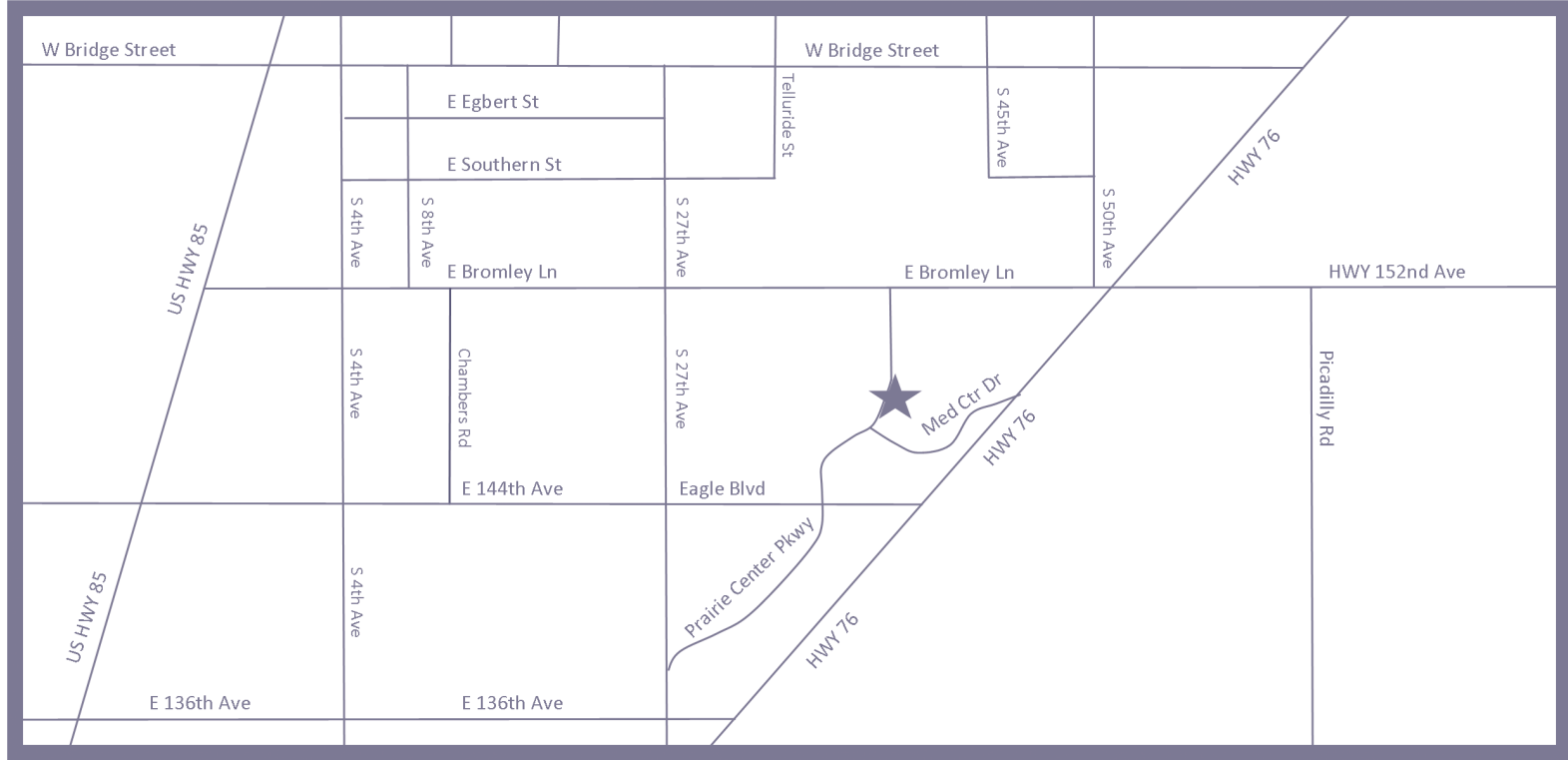
MAMMOGRAPHY

Screening Mammography Right Left Bilateral

BONE DENSITY 350 lbs

DEXA Bone Densitometry (Hip & Spine)

ADDITIONAL NOTES / DETAILS



Spectrum Medical Imaging is located at 1610 Prairie Center Parkway, Suite 2100, Brighton, CO 80601. We are across from Prairie Center Shopping mall next to Medical Center Drive.

PHONE: (303)558-1755 FAX: (303)835-7544
 HOURS: Monday - Friday 7:00am - 5:00pm

Exam Preparations:

MRI:

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.

MRI Abdomen- No food or drink for 6 hours prior to appointment.

Mammograms:

Routine screening mammograms – refrain from wearing deodorant prior to appointment.

Any prior mammogram imaging from another location should be brought to appointment for comparison study. Results will be sent to patients’ referring physician.

Ultrasound:

Abdominal or Gallbladder: No food or drink after midnight prior to exam time.

Pelvic or OB/GYN: Full bladder is required prior to imaging.