



<b>PATIENT NAME:</b>		<b>DOB:</b>	
<b>PHONE: (DAY)</b>		<b>(CELL)</b>	
<b>CLINICAL HX/DX:</b>		<b>AUTHORIZATION #:</b>	
<b>PRIMARY INS.</b>		<b>INS. ID #:</b>	
<b>PHYSICIAN NAME: (Print)</b>		<b>PHYSICIAN SIGNATURE:</b>	
<b>PHYSICIAN PHONE:</b>		<b>FAX:</b>	

**DATE** \_\_\_\_\_  
 **STAT CALL:** \_\_\_\_\_

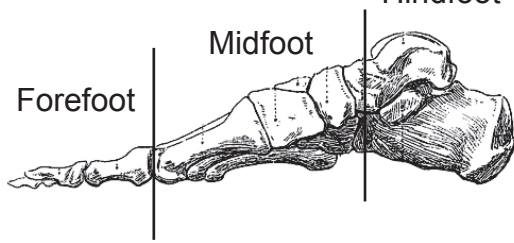
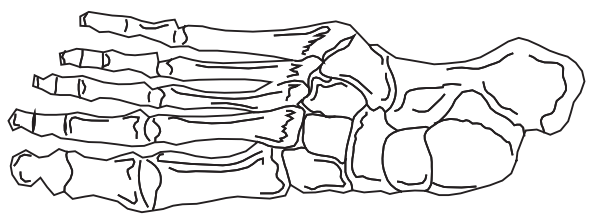
**STAT FAX:** \_\_\_\_\_

**MEDIA REQUEST**  
 Report Only  
 Films w/Report  CD w/Report  
 Pt to Hand Carry  Films  CD

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PODIATRY SPECIALIST ORDER FORM

Circle Area of Concern:



**■ PET/CT NUCLEAR MEDICINE**  
 NaF<sup>18</sup> PET/CT Bone Scan  
 Bone Scan Limited Region  
 Bone Scan 3 Phase  
 Whole Body Bone Scan

**■ MRI**  
 Oral Sedation  
 W/WO IV contrast  W IV contrast  
 WO IV contrast  IV contrast per radiologist  
 Will include XR orbit screening as necessary

**HINDFOOT/ANKLE** (Circle indication if applicable) **R** **L**  
 Ligament Injury      Fracture/Contusion      Tarsal Coalition  
 Tendon Injury      Talar Dome Lesion      Heel Pain  
 Plantar Fascia      Sinus Tarsi      Tarsal Tunnel

**FOREFOOT** (Circle indication if applicable) **R** **L**  
 Morton's Neuroma      Fracture/Contusion      Plantar Plate  
 Tendon Injury      MTP Abnormality

**OTHER** (Circle indication if applicable. Contrast recommended) **R** **L**  
 Osteomyelitis      Mass/Cyst      Morton Neuroma

**JOINT** **R** **L** **BIL**

**MRI ARTHROGRAM:** \_\_\_\_\_  
 (Includes CT guided injection)

**■ MRA**  w/non contrast fresh blood imaging

**LOWER EXTREMITY RUN-OFF (BILAT)**

**■ MRV**

**EXTREMITIES/AVF**

**■ CT**  W/WO IV contrast  W IV contrast **R** **L**  
 WO IV contrast  IV contrast per radiologist

**HINDFOOT/ANKLE** (includes coronal and sagittal reconstructions)  
 3D reconstructions

**FOREFOOT** (includes coronal and sagittal reconstructions)  
 3D reconstructions

**■ X-RAY**

**FOOT** **R** **L**  
 Anteroposterior (10-15 degree toward heel)  
 Lateral  Lateral Weight Bearing  
 Oblique (30 degree)

**ANKLE** **R** **L**  
 Anteroposterior-AP  Lateral  
 Mortise AP (15-20 degree internal rotation)  
 Oblique (45 degree internal rotation)

**CALCANEUS** **R** **L**  
 Lateral  Plantodorsal (axial)

**TOES** **R** **L**  
 Anteroposterior  Oblique  
 Lateral  Sesamoids (tangential)

**■ ULTRASOUND**

**TOE PRESSURE** **R** **L** **BIL**  
 **FOOT** **R** **L** **BIL**

**VASCULAR ARTERIAL**  
 **LOWER EXTREMITY W/ABI** **R** **L** **BIL**

**VASCULAR VENOUS**  
 **DVT LOWER EXTREMITY** **R** **L** **BIL**

**■ IMAGE GUIDED PROCEDURES**

**JOINT INJECTION**  
**Therapeutic**  Corticosteroid dose  Anesthetic  
 Anesthetic  **Diagnostic**  Anesthetic only

**SOFT TISSUE INJECTION**  
 Achilles Paratendon  Tendon Sheath  
 Plantar Fascia  Peroneal  
 Sinus Tarsi  Posterior Tibial  
 Flexor Hallucis Longus

**■ OTHER:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_