UVA Health
UVA Imaging

RADIOLOGY REFERRAL FORM

Scheduling: Phone: 434-243-2700 Fax: 434-244-9408
Same day/expedited imaging requests MUST be scheduled by direct phone call

❒ URGENT READ ❒ CALL RESULTS TO: ______________________ ❒ PATIENT IMMOBILE

PATIENT INFORMATION	PROVIDER INFORMATION
Patient Name: ______________	Provider Name: ______________
Date of Birth: __________ Phone: __________	NPI # ______________
Insurance: ______________	Provider Phone: ______________
Policy/Group #: __________ / __________	Provider Fax: ______________
Authorization # ______________	***Signature:*** __________ ***Date:*** ______

DIAGNOSIS / HISTORY / SPECIAL INSTRUCTIONS	MEDICARE ONLY
______________	Decision Support #: ______________
______________	Appropriateness Score: ______________
	HCPCS Code: __________ HCPCS Modifier: __________

MRI / CT

Radiologist to recommend contrast, unless otherwise specified here: ______________

MRI	CT
❒ Brain ❒ Attn: IAC ❒ Attn: Pituitary	❒ Head
❒ MRV Brain	❒ Orbits
❒ Breast ❒ Attn: Fast	❒ Facial Bones
❒ Orbits	❒ IACs/Temporal Bones
❒ TMJ	❒ Sinus
❒ Soft Tissue Neck	❒ Soft Tissue Neck
❒ Brachial Plexus	❒ Chest
❒ Cervical Spine	❒ Lung Screening
❒ Thoracic Spine	❒ Abdomen/Pelvis
❒ Lumbar Spine	❒ Stone Protocol (Abd/Pelvis)
❒ MRCP	❒ Abdomen ❒ Adrenals ❒ Liver
❒ Abdomen	❒ Pancreas ❒ Kidney
❒ Pelvis	❒ Pelvis
❒ Sacrum/Coccyx	❒ Cervical Spine
❒ Prostate	❒ Thoracic Spine
❒ Heart/Cardiac	❒ Lumbar Spine
MR Angiography	**CT Angiography**
❒ MRA Brain	❒ CTA Head
❒ MRA Carotid	❒ CTA Neck
❒ MRA Renal	❒ CTA Chest (PE Protocol)
❒ MRA Aorta/Run-off	❒ CTA Aorta/Run-off
EXTREMITIES ❒ L ❒ R ❒ Bilateral	**EXTREMITIES** ❒ L ❒ R ❒ Bilateral
❒ Shoulder ❒ Humerus	❒ Shoulder ❒ Humerus
❒ Elbow ❒ Forearm	❒ Elbow ❒ Forearm
❒ Wrist ❒ Hand	❒ Wrist ❒ Hand
❒ Hip ❒ Femur	❒ Hip ❒ Femur
❒ Knee ❒ Tib/Fib	❒ Knee ❒ Tib/Fib
❒ Ankle ❒ Forefoot	❒ Ankle ❒ Foot
❒ Midfoot ❒ Heel/Calcaneous	❒ **Standing CT:**

Ultrasound

❒ L ❒ R ❒ Bilateral

- ❒ AAA Screening
- ❒ Aorta/Retroperitoneal Complete
- ❒ Breast
- ❒ Automated Breast (ABUS)
- ❒ Abd Complete
- ❒ Abd Limited (specify) __________
- ❒ Chest (specify) __________
- ❒ Hernia (specify) __________
- ❒ Kidney Transplant
- ❒ Liver (includes Portal Vein Doppler)
- ❒ Liver with Elastography
- ❒ Pelvic Limited (specify) __________
- ❒ Pelvic Complete (Transabdominal only)
- ❒ Pelvic Complete (w/ Transvaginal PRN)
- ❒ Pregnancy ❒ Limited ❒ 1st Tri/Early OB ❒ Biophys Pro ❒ OB Complete >14 wks
- ❒ Renal (Kidneys & Bladder w Post Void Res)
- ❒ Scrotum
- ❒ Soft Tis Neck (specify) __________
- ❒ Thyroid
- ❒ RUQ (Right Upper Quadrant)
- ❒ Urinary Bladder (w/ Post Void Res)

Vascular ❒ L ❒ R ❒ Bilateral

- ❒ Venous Duplex Upper (DVT)
- ❒ Arterial Duplex ❒ Lower ❒ Upper
- ❒ Arterial Doppler ❒ Lower ❒ Upper
- ❒ Carotid ❒ Renal Artery Stenosis (RAS)
- ❒ ABI ❒ Kidney Transplant w/ Duplex
- ❒ TIPS Eval ❒ Liver Complete Doppler
- ❒ TIPS Evaluation

EXTREMITIES ❒ L ❒ R ❒ Bilateral

- ❒ Extremity Non-Vascular Lower
- ❒ Extremity Non-Vascular Upper

X-Ray / Dexa

❒ L ❒ R ❒ Bilateral
❒ Weight Bearing ❒ Flexion/Extension
\# of views: __________
If none specified, standard protocol will be performed.

- ❒ Chest (one view)
- ❒ Chest (PA & Lat)
- ❒ Ribs (Includes one view chest)
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ Lumbar Spine
- ❒ Abdominal Series
- ❒ Abdomen (KUB)
- ❒ Scoliosis Series
- ❒ Pelvis
- ❒ TMJ
- ❒ Skull
- ❒ Facial Bones
- ❒ Nasal Bones

EXTREMITIES ❒ L ❒ R ❒ Bilateral ❒ Weight Bearing

❒ Clavicle	❒ Shoulder
❒ Humerus	❒ Elbow
❒ Forearm	❒ Wrist
❒ Hand	❒ Finger
❒ Hip	❒ Femur
❒ Knee	❒ Tib/Fib
❒ Ankle	❒ Foot
❒ Toe	

❒ DEXA __________

Flouroscopy

- ❒ Voiding Cystourethorogram (VCUG)
- ❒ Hysterosalpingogram (HSG)
- ❒ Barium Swallow- Regular
- ❒ Barium Swallow- Modified
- ❒ Upper GI
- ❒ Barium Enema
- ❒ Small Bowel Follow Through

MSK Flouroscopy

❒ Left ❒ Right ❒ Bilateral

- ❒ Epidural Steriod Injection
- ❒ Nerve Root Block Level __________
- ❒ Facet Level __________
- ❒ Sacral Iliac (SI)
- ❒ Upper Extremity: __________
- ❒ Lower Extremity: __________

MSK Ultrasound

❒ Left ❒ Right ❒ Bilateral

- ❒ Diagnostic ❒ Aspiration ❒ Injection
- ❒ Shoulder ❒ Wrist ❒ Hand
- ❒ Knee ❒ Foot
- ❒ Plantar Fascia (w/ Tenex as needed)
- ❒ Elbow (w/ Tenex as needed)

Mammography

- ❒ 3D Mammography

See instructions below for diagnostic imaging needs

Other:

Studies performed by **Nuclear Medicine, Interventional Radiology, CT & US guided procedures** and **diagnostic / biopsy mammography**, must be scheduled with the UVA Department of Radiology and Medical Imaging at 434-243-0321, option 1, option 2.

To schedule vascular studies at the **Vascular Lab**, please call 434-924-5824.
To schedule a **diagnostic mammogram at the Breast Care Center**, call 434-243-4704.
To consult with a UVA Radiologist, call 434-924-XRAY.

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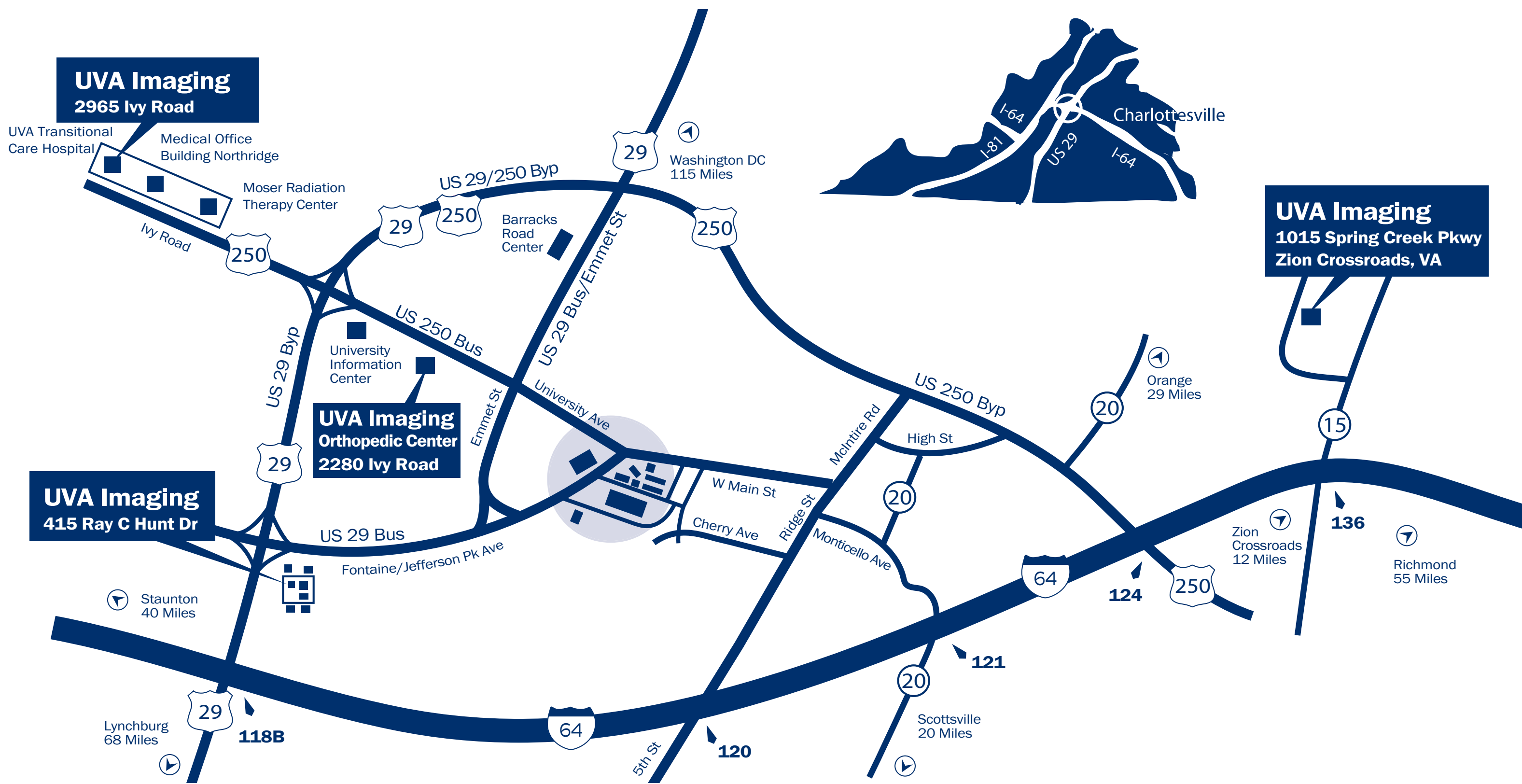

UVA Imaging Northridge 2965 Ivy Road, Suite 101 Charlottesville, VA 22903	MRI, CT, Ultrasound, Therapeutic Pain Injections, X-ray	Walk-in x-ray hours: Monday - Friday 8:30 am – 5:00 pm
UVA Imaging 415 Fontaine 415 Ray C. Hunt Drive, Suite 1100 Charlottesville, VA 22903	MRI, CT, Ultrasound, Bone Density, X-ray	Walk-in x-ray hours: Monday - Friday 8:30 am – 5:00 pm
UVA Imaging Zion Crossroads 1015 Spring Creek Pkwy, Suite 130 Zion Crossroads, VA 22942	MRI, CT, Ultrasound, Bone Density, Mammography, X-ray	Walk-in x-ray hours: Monday - Friday 8:30 am – 5:00 pm
UVA Imaging Orthopedic Center 2280 Ivy Road Charlottesville, VA 22903	MRI, MSK Ultrasound, Extremity CT	MSK Fluoro hours: Monday - Friday 8:00 am – 4:00 pm