

- ROUTINE
 ASAP [PERFORMED WITHIN 2-4 HOURS]
 STAT [LIFE OR LIMB THREATENING; PERFORM IMMEDIATELY]

- IS A CALL REPORT REQUESTED AFTER EXAM IS READ BY THE RADIOLOGIST?
 PLEASE PROVIDE PHONE # TO CALL: _____

PHYSICIAN ORDER FORM

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CT Without Contrast With Contrast

Head/Brain Cervical Spine Renal Stone (without contrast) **CT ANGIOGRAPHY**

Orbit Thoracic Spine Urogram (without and with contrast) Head (per protocol)

Sella Lumbar Spine Upper Extremity _____ L R Neck (with contrast)

Temporal Bones Hi-Res Chest Lower Extremity _____ L R Chest/PE (with contrast)

Maxillofacial Chest 3D Rendering Chest/Abdomen/Pelvis (with contrast)

Soft Tissue Neck Abdomen/Pelvis (with contrast) Other-Specify _____ Upper Extremity _____ L R

Sinus Chest/Abdomen/Pelvis Lower Extremity _____ L R

Sinus Fusion Liver Multiphase (per protocol)

MRI Without Contrast With AND Without Contrast

Neurologic **Musculoskeletal** **Body**

Brain Upper Extremity Bone _____ L R Abdomen _____ (Specify)

Brachial Plexus Lower Extremity Bone _____ L R Chest

Cervical Spine Upper Extremity Joint _____ L R Cardiac

Thoracic Spine Lower Extremity Joint _____ L R Fetal

Lumbar Spine Hips Pelvis (Gyn)

Face

IACs

Orbits

Pituitary

Neck

Temporal mandibular Joints

MRA Brain Neck Chest Abdomen Pelvis Extremity [Upper/Lower] _____

MRV Brain Neck Chest Abdomen Pelvis Extremity [Upper/Lower] _____

MRA Brain Neck Chest Abdomen Pelvis Extremity [Upper/Lower] _____ Other _____

MRV Brain Neck Chest Abdomen Pelvis Extremity [Upper/Lower] _____ Other _____

FLUOROSCOPY

Hysterosalpingogram (HSG) VCUG Arthrogram – Large Joint [Shoulder, Hip] L R

Esophagram Cystogram Arthrogram – Medium Joint [Knee, Elbow] L R

Swallow Function Study Arthrogram – Small Joint [Ankle, Wrist, Digits] L R

SBFT (Small Bowel) Steroid Injection – Large Joint [Shoulder, Hip] L R

Upper GI Steroid Injection – Medium Joint [Knee, Elbow] L R

Barium Enema Steroid Injection – Small Joint [Ankle, Wrist, Digits] L R

INTERVENTIONAL RADIOLOGY

Biopsy / FNA Port Placement/Removal Lumbar Puncture

Thyroid Drain Placement/Removal – Specify _____ Interventional Consult

Other _____

PICC Placement/Removal L R Nephrostomy Placement/Removal L R

Single Double Paracentesis

Apheresis Catheter Placement Thoracentesis

Aspiration Other _____

Main Campus [in the Texas Medical Center]
Pavilion for Women
 6651 Main Street, 4th floor
 Houston, TX 77030

- Parking Options:**
- Park in Garage 21 (located underneath the Pavilion for Women building)
 - Take the elevators to the **4th floor**
 - Go straight past a set of elevators and make a left
 - Walk past the wall of windows and you will see Women's Radiology on the right

- Directions from the Lobby/Valet:**
- Take the first set of elevators to the **4th floor**
 - Exit the elevator and walk down the hall of windows
 - Women's Radiology will be on the right hand side near escalators

- Directions from West Tower:**
- Take elevator to third floor
 - Use the bridge connection west tower to Pavilion for Women
 - Take the escalator up to the fourth floor (Escalators will be before you get to the Starbucks)
 - Women's Radiology will be directly in front of the escalators