NOVANT HEALTH

Scheduling: 336-794-XRAY (9729)
Scheduling Fax: 336-659-2362

☐ **STAT (Please call to schedule before faxing.) Direct cell phone number for ordering provider:** _____

Appointment date: _____ Appointment time: _____ Check-in time: _____ Today's date: _____

Patient's name: _____ DOB: _____

Patient phone number - Primary: _____ Secondary: _____

Diagnosis codes/Clinical indications ("rule out" not valid diagnosis): _____

Comments: _____

Does patient have prior images? ☐ Yes ☐ No Prior imaging performed at: _____

Insurance carrier: _____ Auth #: _____ Auth facility: _____ Auth exp: _____

Novant to obtain auth? ☐ Yes ☐ No If yes, include all clinical notes and insurance card(s). If no, provide auth info above.

Office phone #: _____ Office fax #: _____

Provider name (printed): _____ Provider signature: _____

MRI

Contrast: ☐ **Without & With** ☐ **Without**

Head
- ☐ Brain
- ☐ TMJ (Bilateral)
- ☐ IAC's 7th & 8th nerve wo/w
- ☐ Orbits wo/w
- ☐ Pituitary/Sella wo/w
- ☐ Trigeminal nerve wo/w

Spine
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Spine screen (limited C, T, L spine, & sacrum)

Other (wo/w)
- ☐ Brachial Plexus R L
- ☐ Chest (chest wall mass)
- ☐ Neck-soft tissue (structures other than C-spine)
- ☐ Arthrogram: _____ R L
- ☐ Other: _____

Abdomen/Pelvis
- ☐ Adrenals w/wo
- ☐ Kidneys w/wo
- ☐ Liver w/wo
- ☐ MRCP
- ☐ MRE small bowel w/wo
- ☐ Pancreas w/wo
- ☐ Pelvis bony
- ☐ Pelvis internal w/wo
- ☐ Prostate w/wo

MRA (wo/w contrast)
- ☐ Aorta (abdominal)
- ☐ Aorta (thoracic)
- ☐ Brain-Circle of Willis wo contrast
- ☐ Carotids (neck)
- ☐ Stroke Protocol (MR brain wo/w, MRA carotid wo/w & MRA head wo)
- ☐ Renals
- ☐ Peripheral

Extremity/Joint

☐ MRI	☐ CT	Ankle	R	L	B
☐ MRI	☐ CT	Elbow	R	L	B
☐ MRI	☐ CT	Hand	R	L	B
☐ MRI	☐ CT	Foot	R	L	B
☐ MRI	☐ CT	Knee	R	L	B
☐ MRI	☐ CT	Wrist	R	L	B
☐ MRI	☐ CT	Shoulder	R	L	B
☐ MRI	☐ CT	Hip	R	L	B
☐ MRI	☐ CT	Other: _____			

☐ 3-D Reconstruction

Radiographic Studies

- ☐ DEXA – Bone Density (Forearm if needed)
- ☐ X-Ray _____

PET/CT

- ☐ Skull Base to Thigh
- ☐ Whole Body
- ☐ Brain
- ☐ Amyvid
- ☐ PSMA
- ☐ DETECTNET
- ☐ Cerianna
- ☐ Cardiac Sarcoidosis
- ☐ Other: _____

CT

Contrast: ☐ **Without** ☐ **With** ☐ **Without & With**

If more than 1 CT ordered, write contrast choice beside procedure.

Head/Neck
- ☐ Head/Brain wo
- ☐ Facial
- ☐ Orbits
- ☐ Temporal bones
- ☐ Paranasal sinus
- ☐ Paranasal sinus stereotactic Protocol: _____
- ☐ Neck w

Chest
- ☐ Chest w
- ☐ Chest wo
- ☐ Chest Hi-res no IV contrast

Spine
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ 3D Reconstruction

Specialty Exams
- ☐ Calcium scoring
- ☐ FFRCT/CTA Coronary
- ☐ Dental implant
- ☐ Mandible ☐ Maxilla
- ☐ Myelogram: _____
- ☐ Arthrogram: _____
- ☐ Other: _____

Abdomen/Pelvis
- ☐ Abdomen w
- ☐ Abdomen wo
- ☐ Abdomen Pelvis w
- ☐ Abdomen/Pelvis w (Enterography)
- ☐ Adrenal (Abd wo/w)
- ☐ Liver (Abd wo/w)
- ☐ Pancreas (Abd wo/w)
- ☐ Pelvis for fracture wo
- ☐ Pelvis w
- ☐ Pelvis wo
- ☐ Renal Hematuria Protocol (Abd/Pel wo/w)
- ☐ Renal Mass Protocol (Abd wo/w – Pel w)
- ☐ Renal Stone Protocol (Abd/Pel wo)

CT Angiography (wo/w)
- ☐ Abdomen
- ☐ Aorta (Abd/Pel)
- ☐ Stent Graft protocol (Abd/Pel)
- ☐ Head-Circle of Willis
- ☐ Neck Carotid Arteries
- ☐ Run off
- ☐ Chest/CTPS- Pulmonary Embolus
- ☐ Chest

Nuclear Medicine

- ☐ Whole body bone scan
- ☐ 3-phase bone scan
- ☐ WB Bone scan with SPECT
- ☐ Hepatobiliary (Gallbladder w/ EF)
- ☐ Hepatobiliary (biliary leak)
- ☐ Renal Flow/Function w/ Lasix
- ☐ Renal Flow/Function wo Lasix
- ☐ Gastric emptying scan
- ☐ Thyroid I-123 Uptake & Scan
- ☐ DaT scan
- ☐ VQ Lung scan (Chest XR if needed)
- ☐ I-131 Hyperthyroid Therapy
- ☐ I-123/I-131 total body
- ☐ Other: _____

Fluoroscopy *indicates patient must be NPO

- ☐ *Barium Enema
- ☐ Barium Swallow
- ☐ Chest (Sniff Test)
- ☐ Cystogram
- ☐ *IVP
- ☐ *IVP w/ Tomogram
- ☐ Modified Barium Swallow
- ☐ *Small bowel series
- ☐ *Upper GI series
- ☐ Other: _____

Breast Imaging

- ☐ 3D Screening Mammogram
- ☐ Diagnostic Mammogram (US if needed) R L B

Is this a call back from a screening? Yes/No

- ☐ Breast Ultrasound limited (Diag. mammo if needed) R L B
- ☐ Breast MRI wo/w
- ☐ Abbreviated screening breast MRI wo/w

Ultrasound *indicates patient must be NPO

Abdominal
- ☐ *Abdomen (includes aorta, CBD, GB, IVC, kidneys, liver, pancreas, spleen)
- ☐ * Aorta only
- ☐ * Gallbladder/Liver (RUQ)
- ☐ * Liver elastography
- ☐ * Liver elastography wo images
- ☐ * Renal (kidneys & bladder)
- ☐ Spleen only

Pelvic
- ☐ Testicular with Doppler (scrotum)
- ☐ Post-void residual
- ☐ Transabdominal & Transvaginal (Per rad TA & TV will be performed unless exclusion reason given)
- ☐ OB 1st Trimester (<14 w, r/o ectopic pregnancy)

Other
- ☐ Axilla (non-breast) R L B
- ☐ Superficial mass, specify: _____
- ☐ Biopsy, specify: _____
- ☐ Other: _____

Vascular
- ☐ Venous Doppler (r/o DVT)
  - ☐ Arm R L B
  - ☐ Leg R L B
- ☐ Arterial-PVR with ABIs
- ☐ ABI only
- ☐ Arterial limited
- ☐ Carotid
- ☐ Mesenteric artery
- ☐ Renal artery
- ☐ Portal Vein

Neck
- ☐ Thyroid
- ☐ Soft tissue neck

MSK (Piedmont Imaging only)
- ☐ Upper extremity: _____
- ☐ Lower extremity: _____

NOVANT HEALTH

Scheduling: 336-794-XRAY (9729)
Scheduling Fax: 336-659-2362

Novant Health imaging center locations

Novant Health Imaging Maplewood
3155 Maplewood Ave.
Winston-Salem, NC 27103
336-397-6000 • Fax: 336-659-2366
NPI 1447200233 • Tax ID 56-0928089

Novant Health Breast Center
2025 Frontis Plaza Blvd.,
Winston-Salem, NC 27103
336-397-6035 • Fax: 336-397-6746
NPI 1447200233 • Tax ID 56-092808

Novant Health Imaging Piedmont
185 Kimel Park Drive, Suite 100
Winston-Salem, NC 27103
336-760-1880 • Fax: 336-760-1807
NPI 1073571352 • Tax ID 56-1876341

Novant Health Imaging Kernersville
445 Pineview Drive, Suite 100
Kernersville, NC 27284
336-397-6102 • Fax: 336-993-4382
NPI 1447200233 • Tax ID 56-0928089

Novant Health Imaging Triad
2705 Henry St., Greensboro, NC 27405
336-272-2162 • Fax: 336-272-2876
NPI 1790743078 • Tax ID 56-2001223

Novant Health Breast Imaging Center Greensboro
3515 W Market Street, Suite 320
Greensboro, NC 27403
336-660-5420 • Fax 336-660-5429
NPI 1245859453 • Tax ID 35-2674089

Novant Health Forsyth Medical Center
3333 Silas Creek Parkway
Winston-Salem, NC 27103
NPI 1447200233 • Tax ID 560928089

Novant Health Kernersville Medical Center
1750 Kernersville Medical Parkway
Kernersville, NC 27284
NPI 1447200233 • Tax ID 560928089
BCBS NPI 1396372322

Novant Health Thomasville Medical Center
207 Old Lexington Road
Thomasville, NC 27360
NPI 1801848767 • Tax ID 560636250

Novant Health Clemmons Medical Center
6915 Village Medical Circle
Clemmons, NC 27012
NPI 1447200233 • Tax ID 560928089

Novant Health Medical Park Hospital
1950 S. Hawthorne Road
Winston-Salem, NC 27103
NPI 1538111828 • Tax ID 561340424

09/24