NOVANT HEALTH

Asheville scheduling: 828-250-0181
Asheville scheduling fax: 828-250-0142

☐ 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: _____

Office phone #: _____ Office fax #: _____

Provider name (printed): _____ Provider NPI: _____

Provider signature: _____

MRI

Contrast: ☐ Without & with ☐ Without

Head
- ☐ Brain
- ☐ IAC's 7th & 8th nerve wo/w
- ☐ Orbits wo/w
- ☐ Pituitary/sella wo/w
- ☐ Trigeminal nerve wo/w

Spine
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

Other (wo/w)
- ☐ Brachial plexus R L
- ☐ Chest (chest wall mass)
- ☐ Neck-soft tissue (structures other than C-spine)
- ☐ Shoulder R L
- ☐ Elbow R L
- ☐ Wrist R L
- ☐ Hand R L
- ☐ Hip R L
- ☐ Knee R L
- ☐ Ankle R L
- ☐ Foot R L
- Arthrogram: _____ R L
- Other: _____

Abdomen/pelvis
- ☐ Adrenals w/wo
- ☐ Kidneys w/wo
- ☐ Liver w/wo
- ☐ MRCP
- ☐ MR enterography w/wo
- ☐ Pancreas w/wo
- ☐ Pelvis bony
- ☐ Pelvis internal w/wo
- ☐ Prostate w/wo

MRA
- ☐ Brain-Circle of Willis wo contrast
- ☐ Carotids (neck) w/o or w/wo
- ☐ Stroke protocol (MR brain wo/w, MRA carotid wo/w & MRA head wo)
- ☐ Renals

Breast
- ☐ Breast MRI w/wo
- ☐ Abbreviated screening breast MRI w/wo
- ☐ Implant rupture w/o

CT

Head/neck
- ☐ Head/brain wo
- ☐ Facial w/o
- ☐ Orbits w/o
- ☐ Temporal w/o
- ☐ Paranasal sinus w/o
- ☐ Paranasal sinus stereotactic
- Protocol: _____
- ☐ Neck w

Chest
- ☐ Chest w
- ☐ Chest w/o
- ☐ Chest hi-res no IV contrast

Spine
- ☐ Cervical w/o
- ☐ Thoracic w/o
- ☐ Lumbar w/o
- ☐ 3D reconstruction

Extremity
- ☐ Shoulder R L
- ☐ Elbow R L
- ☐ Wrist R L
- ☐ Hand R L
- ☐ Hip R L
- ☐ Knee R L
- ☐ Ankle R L
- ☐ Foot R L
- ☐ 3D reconstruction
- ☐ Arthrogram: _____
- ☐ Protocol: _____

Specialty exams
- ☐ Calcium scoring
- ☐ CT low dose lung screen
- ☐ Mandible ☐ maxilla
- ☐ Other/ protocol: _____

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)
- ☐ Renal stone protocol (Abd/Pel wo)

CT angiography (wo/w)
- ☐ Abdomen
- ☐ Aorta (Abd/Pel)
- ☐ Head-Circle of Willis
- ☐ Neck carotid arteries
- ☐ Run off
- ☐ Chest PE
- ☐ Chest-aneurysm

Implant

Brand: _____

Model #: _____

- ☐ Pacemaker (no MRI)
- ☐ Neurostimulator
- ☐ Other: _____

_____

Radiographic studies

- ☐ Chest
- ☐ KUB
- ☐ Abd-supine & upright
- ☐ Abd series (incl. PA CXR)
- ☐ Cervical views: _____
- ☐ Thoracic views: _____
- ☐ Lumbar views: _____
- ☐ Pelvis
- ☐ Ribs
- ☐ Hip R L
- ☐ Shoulder R L B
- ☐ Wrist R L
- ☐ Hand R L
- ☐ Knee R L
- ☐ Ankle R L
- ☐ Foot R L
- ☐ Other: _____

_____

Breast imaging

- ☐ Appropriate additional imaging per radiologist
- ☐ 3D screening mammogram
- ☐ Diagnostic mammogram (US if needed)
  R L B

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

- ☐ Contrast enhanced mammography (us if needed)
- ☐ Stereotactic breast ultrasound
- ☐ Breast ultrasound biopsy R L B
- ☐ Breast ultrasound (mammogram if needed) R L B

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Novant Health Imaging Biltmore Avenue
675 Biltmore Ave, Suite A
Asheville, NC 28803
NPI: 1750349015 Tax ID: 56-2001227

Computed tomography (CT)

☐ Abdomen/pelvis
NPO 4 hours prior.

☐ CT enterography
NPO 12 hours prior. Clear liquids (non-carbonated) only after midnight.

Check in 1 hour prior (CANNOT pickup contrast ahead of time). Wear comfortable, warm clothing (no metal).

ALL OTHER STUDIES REQUIRE NO PREPARATION.

Magnetic resonance imaging (MRI)

☐ MRI enterography
NPO 12 hours prior. Check in 1.5 hours prior (CANNOT pick up contrast ahead of time). Wear comfortable, warm clothing (no metal).

☐ MRI abdomen
NPO 4 hours prior.

Mammography

Please wear a two-piece outfit. No underarm deodorant, antiperspirant, perfume or powder the day of the exam.