ATTENTION: You must present this form at time of exam.

Provider's FAX #
STAT FAX REPORT NEEDED

Provider’s Phone #
STAT PHONE REPORT NEEDED

Johns Hopkins Medical Imaging
Fax this order to 443-451-6986 or email to JHHRadAccess@jhmi.edu

TO REPORT CRITICAL FINDINGS AFTER HOURS CALL:

PATIENT’S NAME (LAST, FIRST) (PRINTED) DOB DATE

REFERRING PHYSICIAN’S NAME (PRINTED) REFERRING PHYSICIAN’S SIGNATURE (REQUIRED)

Order may be modified according to department written protocol including the administration of contrast.

☐ Yes ☐ No
☐ No contrast - Please state the reason for requesting a non-contrast examination:

Clinical Dx / Relevant Clinical Findings

MRI
Orbital X-Ray as indicated.

☐ Abdomen
☐ Kidney
☐ Liver
☐ MRCP
☐ Other:

☐ Ankle (Hind and Midfoot)
☐ Brachial Plexus
☐ Brain
☐ IACs
☐ Neuroquant*
☐ Pituitary
☐ Orbit
☐ TMJ
☐ Face
☐ Sinuses (Paranasal)

☐ Breast (Bilateral)
☐ Cancer screening
☐ eval for implant rupture only

☐ Cardiac (Bethesda & JHH only)
☐ Chest
☐ Elbow
☐ Finger:
☐ Foot (Forefoot)
☐ Hand
☐ Hip
☐ Knee
☐ Neck, Soft Tissue Mass
☐ Pelvis
☐ Female anatomy
☐ Bone anatomy
☐ Sacroiliac Joints / Sacrum
☐ Shoulder
☐ Spine
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Thigh
☐ Tibia and Fibula
☐ Wrist
☐ MRI Entereography
☐ MRI Prostate
☐ Other:

CT
3D Rendering as indicated

☐ Abdomen
☐ Pelvis
☐ Head
☐ Neck
☐ Extremity:
☐ joint:
☐ Shoulder
☐ Elbow
☐ Wrist
☐ Hip
☐ Knee
☐ Ankle
☐ Non-Joint:
☐ Upper Limb:
☐ Shoulder
☐ Elbow
☐ Wrist
☐ Lower Limb:
☐ Hip
☐ Knee
☐ Ankle
☐ Thigh
☐ Tibia/Fibula
☐ Foot/Toe(s)
☐ Other:

CT Angiography
If contrast required

☐ Aorta
☐ Abdomen and Pelvis
☐ Thoracic / Great Vessels
☐ Chest
☐ Heart
☐ Head
☐ Neck
☐ Extremity:
☐ Right
☐ Left
☐ Spinal
☐ Pelvis

Mammogram
If additional breast imaging and/or ultrasound is needed, treat and evaluate.

☐ Yes ☐ No
☐ Screening (asymptomatic)
☐ Breast Ultrasound if indicated:
☐ Diagnostic (symptomatic)
☐ Breast Ultrasound if indicated:
☐ 3D (Tomosynthesis)

Breast Biopsy
☐ Ultrasound guided
☐ Stereotactic
☐ MRI guided

DEXA Scan
Bone Density Scan

Ultrasound

☐ Abdomen
☐ Complete
☐ Limited:

☐ Aorta
☐ Arterial Doppler/Duplex
☐ Carotids
☐ Liver Duplex
☐ OB 1st Trimester (Dating/Viability)
☐ Pelvis (Transvaginal if indicated)
☐ Pelvis (Male)
☐ Kidney/Bladder
☐ Scrotum/ Testicles
☐ Doppler if indicated
☐ Right
☐ Left
☐ Bilateral
☐ Soft Tissue:
☐ Thyroid
☐ Head/Neck (soft tissue)
☐ Venous Doppler: Lower Extremity
☐ Right
☐ Left
☐ Bilateral
☐ Venous Doppler: Upper Extremity
☐ Right
☐ Left
☐ Bilateral
☐ Other:

Diagnostic X-Ray

PET/CT
Bethesda
Performed on a walk-in basis

☐ Chest X-Ray PA/Lateral
☐ Other Exam:

Other:

Indication:
☐ Solitary Pulmonary Nodule
☐ Stage Lung Cancer
☐ Colon Cancer
☐ Lymphoma
☐ Melanoma
☐ Head and Neck Cancer
☐ Breast Cancer
☐ Esophageal Cancer
☐ Other:

MRI-guided
Ultrasound guided

Other:

Other:

MR Angiography

☐ Aorta
☐ Thoracic
☐ Abdominal
☐ Head
☐ Neck (carotids)
☐ Pelvis
☐ with Lower Extremity run-off
☐ Other:
☐ MR Venography:

Performed at Green Spring, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Sibley Memorial Hospital.
Children cannot accompany patient in the exam room or wait in the lobby unattended. We are unable to provide childcare services in our office.