



See reverse for Appointment Scheduling

Patient _____ DOB _____

Reason for Exam _____

Indications/Symptoms _____

Referring Physician (Please Print) _____

Referring Physician Signature _____

If available, please fax a copy of patient's most recent insurance card with this order.

- Downtown
- Blaine
- Coon Rapids
- Southdale (Edina)
- Maplewood
- Burnsville
- Maple Grove
- The Breast Center (Coon Rapids)
- Northwest (Coon Rapids)

Appt. Date and Time _____

Patient Contact # _____

Authorization # _____

PREPARATION INFORMATION

Please arrive 15 Min 45 Min 60 Min before your scheduled exam time

- No preparation needed
- Nothing to eat or drink _____ before exam
- Stop taking anticoagulant medication as directed by physician
- Will need a taxi
- Follow these instructions: _____

MRI

- Head:
 - ___ Routine
 - ___ Spectroscopy
 - ___ Stereotactic
- Orbit/Face/Sinus
- Pituitary
- IAM's
- Soft Tissue Neck
- TMJ
- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Chest
- Abdomen/Pelvis Elastography
- Abdomen/Pelvis Enterography
- Abdomen/Kidneys
- Pelvis
- Hips R L
- Knee R L
- Ankle R L
- Shoulder R L
- Elbow R L
- Wrist R L
- Brachial Plexus R L
- Other: _____

MR ANGIOGRAPHY

- Head: ___ Arterial ___ Venous
- Neck
- Other: _____

MR ARTHROGRAM

- Joint
- List Joint: _____

X-RAYS

- Specify: _____

CT

- Head
- Orbits
- Facial Bones/Jaw
- Sinuses: ___ Routine ___ Limited
- Temporal Bones/Mastoids
- Soft Tissue Neck
- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Chest:
 - ___ Routine ___ High Res ___ PE
- Abdomen and Pelvis:
 - ___ Routine ___ Kidney Stone
- Hematuria (without delays)
- CT/Urogram
- Abdomen Only
- Pelvis Only
- Hips
- Extremity: _____
- CT Colonography - Failed Colonoscopy
- Other: _____

CT ANGIOGRAPHY INCLUDING 3D

- Head
- AAA Stent Graft
- Other: _____

CT STEALTH INCLUDING 3D

- ___ Head ___ Sinus ___ Lumbosacral Spine

PET

- Whole Body
- Head
- Cardiac

PREVENTATIVE SCREENINGS

- Low-Dose Lung CT
- Heart
- Colon
- Other: _____

ULTRASOUND

- Abdomen
- Pelvis
- OB Fetal Survey (Complete)
- OB Before 14 Weeks
- OB Biophysical Profile
- OB Growth Check (Limited)
- Hysterosonogram
- Aorta
- Carotid
- Renal
- Scrotum/Testicles
- Thyroid
- Venous: Leg: R L Both
 - Arm: R L Both
- Arterial: Leg: R L Both
 - Arm: R L Both
- Other: _____

BREAST

- Screening Mammogram
- Diagnostic Mammogram
- MRI
- Ultrasound Breast
- Ultrasound Guided Cyst Aspiration
- Ultrasound Guided Core Biopsy

SHOW LOCATION OF MASS



SIZE OF MOST IMPORTANT MASS (CM)	RIGHT	CM
	LEFT	CM

PAIN MANAGEMENT

- Epidural Steroid Injection
- Other (Level): _____

BONE DENSITOMETRY

- Bone Densitometry (Dexa Scan)



APPOINTMENT SCHEDULING

EAST METRO

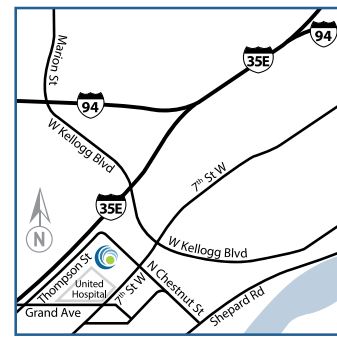
651.632.5700 phone
651.632.5701 fax
 St. Paul, Maplewood

NORTH METRO

763.792.1999 phone
763.792.1938 fax
 Blaine, Blaine South, Coon Rapids,
 Maple Grove, Northwest,
 The Breast Center

SOUTH METRO

952.893.0000 phone
952.837.9774 fax
 Burnsville, Southdale



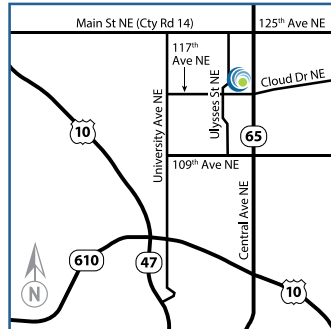
ST. PAUL - East Metro

Midwest Radiology Outpatient Imaging
 250 Thompson Street
 St. Paul, MN 55102
 Phone: 651.602.7200



MAPLEWOOD - East Metro

Midwest Radiology Maplewood Imaging
 2945 Hazelwood Street N, Suite 110
 Maplewood, MN 55109
 Phone: 651.747.4500



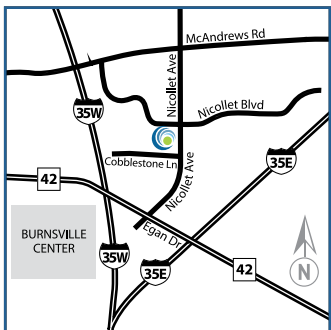
BLAINE - North Metro

Midwest Radiology Outpatient Imaging
 11855 Ulysses Street NE
 Blaine, MN 55434
 Phone: 763.225.6500



MAPLE GROVE - North Metro

Midwest Radiology Suburban Imaging
 Arbor Lakes Medical Building, Suite 310
 12000 Elm Creek Boulevard
 Maple Grove, MN 55369
 Phone: 763.416.7888



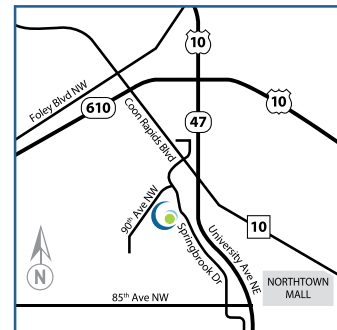
BURNSVILLE - South Metro

Midwest Radiology Outpatient Imaging
 Burnsville Medical Center, Suite 204
 14000 Nicollet Avenue S
 Burnsville, MN 55337
 Phone: 952.898.2333



COON RAPIDS - North Metro

Midwest Radiology Suburban Imaging
 MMEC I, Suite 140
 8990 Springbrook Drive
 Coon Rapids, MN 55433
 Phone: 763.792.1900



THE BREAST CENTER - North Metro

Midwest Radiology Outpatient Imaging
 MMEC I, Suite 125
 8990 Springbrook Drive
 Coon Rapids, MN 55433
 Phone: 763.786.9460



NORTHWEST - North Metro

Midwest Radiology Suburban Imaging
 Mercy Specialty Center, Suite 180
 11850 Blackfoot Street NW
 Coon Rapids, MN 55433
 Phone: 763.795.1600



SOUTHDALE - South Metro

Midwest Radiology Outpatient Imaging
 Southdale Medical Center, Suite 125
 6545 France Avenue S
 Edina, MN 55435
 Phone: 952.405.2777