


**TAMPA**  
 5107 North Armenia Avenue  
 Tampa, FL 33603  
**Telephone: (813) 874-2999**

**ROSE**   
**RADIOLOGY**  
 "Make Quality Radiology Your Choice"<sup>TM</sup>  
**Scheduling Fax (813) 901-4888**  
**Online Prescription: MRIROSE.COM**

**KENNEDY**  
 2605 West Kennedy Boulevard  
 Tampa, FL 33609  
**Telephone: (813) 876-7200**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Phone # (Work): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

Clinical Diagnosis / Symptoms (Required): \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Primary Care Physician's Phone #: \_\_\_\_\_

**QUICK SCHEDULE:**  Obtain Insurance Authorization  Call Patient to Schedule  Wet Read

**BELOW PLEASE INDICATE THE TYPE OF STUDY REQUIRED AND THE PATIENT'S DIAGNOSIS**

**3.0 T MRI**

**Tampa ONLY**

- With & Without Contrast
- With Contrast Only
- Without Contrast
- MRI BRAIN
- MRI ORBITS
- MRI IAC'S
- MRI SOFT TISSUE NECK
- MRI PITUITARY
- MRI BILAT TMJ
- MRI C-SPINE
- MRI T-SPINE
- MRI L-SPINE
- MRI CHEST
- MRI ABDOMEN
- MRI PELVIS
- MRI LIVER
- MRI SHOULDER R or L
- MRI ELBOW R or L
- MRI WRIST R or L
- MRI HAND R or L
- MRI HIP R or L
- MRI KNEE/JNT R or L
- MRI ANKLE R or L
- MRI FOOT R or L
- MYELO - C-SPINE
- MYELO - T-SPINE
- MYELO - L-SPINE
- ARTHROGRAM R or L
- MRI BREAST R or L
- OTHER - Please Specify: \_\_\_\_\_

**MRA**

With & Without Contrast

With Contrast Only

Without Contrast

- MRA HEAD
- MRA CAROTIDS
- MRA PULMONARY
- MRA LOW EXT/PELVIS
- MRA UP EXT W/RUNOFF
- Please Specify: \_\_\_\_\_

- MRA ABD-AORTA
- MRA T-SPINE-AORTA
- MRA SUBCLAVIAN
- MRA RENAL
- MRA Other
- Please Specify: \_\_\_\_\_

- MRV
- Please Specify: \_\_\_\_\_

MRCP

**16 SLICE CT SCAN w/MPR**  
**Tampa ONLY**

With & Without Contrast

With Contrast Only

Without Contrast

- CT HEAD/BRAIN
- CT ORBITS
- CT IAC'S
- CT SOFT TISSUE NECK
- CT SINUS
- CT FACIAL BONES
- CT CHEST
- CT ABD/PELVIS
- CT C-SPINE

- CT T-SPINE
- CT L-SPINE
- CT SHOULDER R or L
- CT ELBOW R or L
- CT WRIST R or L
- CT HAND R or L
- CT HIP R or L
- CT KNEE R or L
- CT ANKLE R or L
- CT FOOT R or L
- OTHER - Please Specify: \_\_\_\_\_

- TOES 2V R or L
- HAND 3V R or L
- WRIST 3V R or L
- FOREARM 2V R or L
- SHOULDER 3V R or L
- ABD 2V (Flat & upright)
- ABD 1V KUB
- BONE AGE
- HUMERUS R or L
- BONE SURVEY
- OTHER - Please Specify: \_\_\_\_\_

- US SCROTUM
- ABI
- US EXTR NON-VASC
- US CAROTID BILAT
- US LWR EXT ART BILAT
- US LWR EXT ART UNI
- US UPPER EXT ART BILAT
- US UPPER EXT ART UNI
- US VEN EXT BILAT
- US VEN EXT UNI
- US ABD/PELVIS LIMIT DUPLEX
- US AORTIC/IVC
- OTHER - Please Specify: \_\_\_\_\_

**CT ANGIOGRAPHY w/MPR**

**Tampa ONLY**

- HEAD
- NECK/SOFT TISSUE NECK
- CHEST
- PELVIS
- UPPER EXT. R or L
- LOWER EXT. R or L
- ABDOMINAL
- ABD, AORTA/PELVIS & BILAT I.A. RUNOFF
- CT THORAX
- CT OTHER - Please Specify: \_\_\_\_\_

**PET/CT**

**Tampa ONLY**

- BREAST (STAGING)
- LYMPHOMA
- HEAD & NECK
- LUNG (SINGLE PULMONARY NODULE)
- LUNG (STAGING) (NON SMALL CELL)
- CARDIAC VIABILITY
- COLORECTAL (STAGING)
- ESOPHAGEAL (STAGING)
- MELANOMA (STAGING)
- THYROID (STAGING)
- CERVICAL (STAGING)
- BRAIN - REFRACTORY SEIZURES
- BRAIN - ALZHEIMER'S
- BRAIN - LIMITED
- OTHER - Please Specify: \_\_\_\_\_

**DIGITAL X-RAY**

- SINUS
- SKULL 4V
- IVP
- CHEST 2V
- CHEST W/OB
- CHEST 4V MIN
- RIB 2V UNIL R or L
- C-SPINE 2/3V
- C-SPINE 4V MIN
- C-SPINE FLEX/EXT
- C-SPINE 7 SERIES
- T-SPINE 2V
- T-SPINE STANDING SCOLIOSIS SERIES
- T-SPINE 3V
- L-SPINE 2/3V
- L-SPINE 4V (w OBL)
- AP PELVIS
- HIP 2V R or L
- FEMUR 2V R or L
- KNEE 3V R or L
- TIB/FIB R or L
- ANKLE 3V R or L
- FOOT 3V R or L
- CALCANEUS R or L

**INTERVENTION**

**Tampa ONLY**

- MR ARTHROGRAM
- Please Specify: \_\_\_\_\_
- CT MYELO - C-SPINE
- CT MYELO - T-SPINE
- CT MYELO - L-SPINE
- US HEAD/NECK
- US BREAST(s)
- US ABD COMPLETE
- US ABD LIMITED
- US RENAL/AORTA
- US THYROID
- US PREG COMPLETE
- US PREG MULTIPLE
- US PREG FOLLOW-UP
- US BIOPHYSICAL
- US TRANSVAGINAL
- US PELVIC COMPLETE

**ULTRASOUND**

**DIGITAL MAMMOGRAPHY**

**Tampa ONLY**

- SCREENING
- DIAG-UNILATERAL R or L
- DIAG-BILATERAL
- US IF INDICATED
- FOLLOW-UP:  R  L
- IMPLANTS:  Yes  No
- ADDITIONAL VIEW
- Please Specify: \_\_\_\_\_

**\*Please bring previous films**

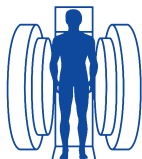
**NUCLEAR MEDICINE**

**Tampa ONLY**

- BRAIN SPECT
- WHOLE BODY BONE SCAN
- BONE SCAN WITH SPECT
- HIDA SCAN
- HIDA SCAN WITH GBEF
- MUGA SCAN (TO ASSESS LVEF)
- LIVER/SPLEEN SCAN
- THYROID SCAN ONLY
- I-131 THYROID SCAN/UPTAKE
- I-123 THYROID SCAN/UPTAKE
- PARATHYROID SCAN
- RENOGAM W/LASIX
- DMSA RENAL SCAN
- VQ
- RBC LIVER (HEMANGIOMA)
- GALLIUM SCAN
- GASTRIC EMPTYING
- OTHER - Please Specify: \_\_\_\_\_

**FOR UPRIGHT OPEN MRI**

**Kennedy ONLY**  
**Upright MRI Protocol**



With Flexion/Extension?  
 Yes  No

With Contrast?  
 Yes  No

- Brain
- Cervical**
- Seated **OR**  Standing
- Thoracic**
- Seated **OR**  Standing
- Lumbar**
- Seated **OR**  Standing
- Shoulder**  Right  Left
- Hip**  Right  Left
- Knee**  Right  Left
- Other Region**
- Specify \_\_\_\_\_

Physician's notes / other procedures

Clinical History / DX / code: \_\_\_\_\_

**THIS EXAM IS MEDICALLY NECESSARY FOR THIS PATIENT.**

Physician Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

See Reverse Side for Important Information