

(Please note that "BAYVIEW RADIOLOGY" and "BAY AREA IMAGING SOLUTIONS" are one and the same)

**For Scheduling (813) 964-8439 (VIEW) • Fax: (813) 964-0908 • www.bayviewradiology.com**

Patient Name: \_\_\_\_\_  
 Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Patient Phone # \_\_\_\_\_  
 Patient Address \_\_\_\_\_  
 Diagnosis/Clinical History: \_\_\_\_\_

## MRI

For any MRI selected below, please indicate here whether it is:

w/o IV contrast  w & w/o IV contrast

Unless otherwise specified, all MRIs below may include 3D Rendering  
 &/or MPR for medical necessity as needed  yes  no

- Brain Complete
- Orbits, Face, Neck (Circle one)
- Pituitary, IAC's (Circle one)
- TMJ (Tempomandibular joints)
- Breast (Choose a protocol:  Mass  Implant Leak)
- Neck Complete (Soft Tissue)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Lumbar Spine with Axial Load  
(If contraindicated, a regular Lumbar MRI will be done.)
- Spine w/ flexion & extension: cervical, thoracic, lumbar (circle location)
- Pelvis
  - Include Angiography & 3D
- Prostate MRI
  - Add transrectal prostate ultrasound w/ Doppler (to assess for vascularity)

- Abdomen (Choose protocol:  General  Adrenals  Liver)
  - Include Abdominal Angiography & 3D
- MRCP
- MRI Urography
- Arthrogram with MRI (or CT) of (please specify area) \_\_\_\_\_
- MRI Defecography

Unless otherwise specified, the following MRI exams may be performed as needed with companion x-ray for medical necessity, improved characterization, correlation, and delineation of any abnormality seen  yes  no

- Upper Extremity Joint  R  L  
(Circle one: Wrist, Shoulder, Elbow, Brachial Plexus)
- Lower Extremity Joint  R  L  
(Circle one: Hip, Knee, Ankle)
- Upper Extremity Non-Joint  R  L Specify \_\_\_\_\_
- Lower Extremity Non-Joint  R  L Specify \_\_\_\_\_
- Other MRI \_\_\_\_\_

## Arteriography

- CT Angiography w/3D rendering  MRI Angiography w/3D Rendering

Please Specify Area: \_\_\_\_\_

## CT Scan

For any CT selected below, please indicate the requested protocol:

w/o IV contrast  w & w/o IV contrast  oral contrast

Unless otherwise specified, complete exams will be protocolled or per radiologist's discretion

Unless otherwise specified, all CTs below may include 3D Rendering  
 &/or MPR for medical necessity as needed  yes  no

- Abdomen/Pelvis
- Enterography Abdomen/Pelvis
- Chest
- LDCT-Low Dose CT Chest screening for lung cancer  
(FREE for patients meeting eligibility criteria. Please call us for verification)
- CT Urogram ( Stone protocol)
- Brain Complete
- Paranasal sinuses/face
- Soft Tissue Neck
- Temporal Bones (IACs)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Upper/Lower Extremity (please specify area): \_\_\_\_\_
- Other CT: \_\_\_\_\_

## Special Procedures/Interventional Radiology

- Myelogram w/ CT and 3D Rendering  
(Circle one: Cervical, Thoracic, Lumbar)
- Paracentesis /Thoracentesis (circle one)
- FNA Biopsy w/ultrasound guidance  
w/Doppler as needed:
  - Thyroid Biopsy
  - Other (please specify area) \_\_\_\_\_
- Breast Core Biopsy  R  L  
guidance w/Doppler as needed
- Steroid Injections:  
(Circle one: Hip, Facet Joint, SI Joint,  
Lumbar Epidural, Facet Joint  R  L
- Intraarticular injection  
(Please specify meds & joint:  
Steroid, Hyalgan, Synvisc) \_\_\_\_\_
- PICC Line
- Liver Biopsy w/CT guidance
- Thyroid Biopsy  
w/ultrasound guidance  
- may include Doppler  
for medical necessity
- Arthrogram with MRI  
or CT of (please specify  
area) \_\_\_\_\_
- Hystersonography  
w/Doppler
- Hysterosalpingogram
- Other \_\_\_\_\_

## Ultrasound

Unless otherwise specified, all ultrasounds below may include Doppler + 3D  
 for medical necessity to assess for vascularity as needed  yes  no

- Abdomen Complete w/ Doppler+3D
  - Add aorta screening w/ Doppler & 3D
- Mesenteric Arterial Doppler evaluation + 3D
- Pelvis (female) Transabdominal includes transvaginal, Doppler & 3D  
as needed
- Pelvis (male) Transabdominal w/ Doppler
  - Add transrectal prostate evaluation w/ Doppler
  - Add prostate MRI & 3D
- Scrotal Ultrasound Complete w/ Doppler
- Carotid Doppler + 3D
- Thyroid w/ Doppler
- Venous Doppler + 3D: Arms, Legs (Circle one: Arms, Legs, Other \_\_\_\_\_)
- Arterial Doppler + 3D: Arms, Legs (Circle one: Arms, Legs, Other \_\_\_\_\_)
- Hystersonography w/ Doppler

## Women's Imaging

- Screening Digital Low-Dose Hi-Resolution Mammography
  - Bilateral  Right  Left
- Diagnostic Digital Low-Dose Hi-Resolution Mammography
  - Bilateral  Right  Left
- Breast MRI  
(Choose a protocol:  Mass  Implant Leak)

The following may include ultrasound guidance w/Doppler for medical necessity as needed:

- Breast Ultrasound bilateral w/Doppler
- Breast Cyst Aspiration w/Doppler  Bilateral  Right  Left
- Breast Core Biopsy w/Doppler  Bilateral  Right  Left

## Bone Densitometry

- DEXA Scan w/ FRAX
- DEXA Scan w/ FRAX & Screening Mammography

## X-Ray

- Please Specify Areas: \_\_\_\_\_

## Laboratory & Phlebotomy

For your convenience, Bayview now also offers venipuncture lab draws (phlebotomy). Please See reverse side to select a lab test.

I hereby authorize BayView Radiology/VIP Scheduling to act on my behalf to obtain any and all authorizations needed for the above named patient. I hereby certify that the tests ordered are medically necessary for the diagnosis and treatment of this patient.

Print Physician Name: \_\_\_\_\_ Order Date \_\_\_\_\_



## Laboratory & Phlebotomy

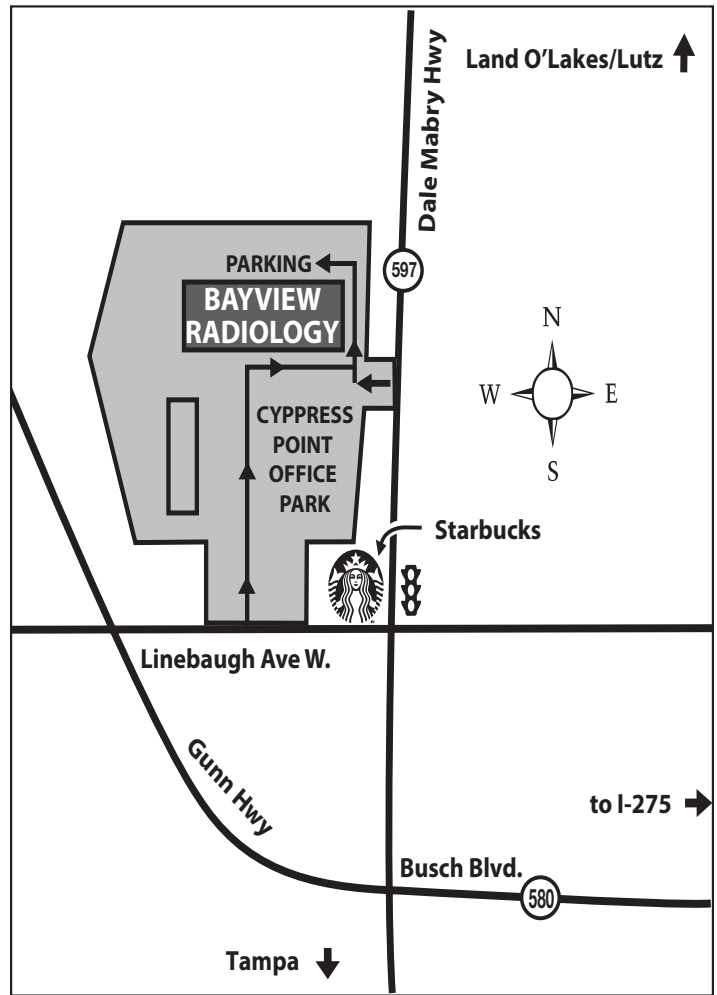
For your convenience, Bayview now also offers venipuncture lab draws (phlebotomy).  
Please select a lab test:

- Amylase
- BMP (BUN, Calcium, Creatinine, Electrolytes, Glucose)
- BUN/Cr only
- CMP (BMP+Albumin, ALP, ALT, AST, Total Bilirubin, Total Protein)
- CBC
- CRP (Carip)
- CRP (C-Reactive Protein)
- D-Dimer
- EBV Profile
- Folate
- HbA1c
- HCG (urine/serum)
- Hepatic Panel (Albumin, ALT, AST, Total Protein, Total Bili, Direct Bili, ALP)
- Lipid profile (Cholesterol, HDL, LDL, Triglycerides)
- Lipase
- Magnesium
- PTH
- PSA (total/free)
- PT/PTT/INR
- Rheumatoid Factor
- Sed Rate (ESR)
- TSH/Free T4, T4 Total, T3 Total
- Other \_\_\_\_\_



## Cardiology

- EKG (ECG, electrocardiogram)
- Cardiac Echo w/ Doppler
- Troponins
- Pro BNP
- Myoglobin Other
- Other \_\_\_\_\_



## Driving Directions to BayView Radiology

### From the North

Take Dale Mabry South, pass Lake Carroll Way, turn Right into Cypress Point Office Park. Follow signs to BayView Radiology

### From the South

Take Dale Mabry North to Linebaugh Avenue. Turn Left on Linebaugh Avenue, take second Right into Cypress Point Office Park. Follow signs to BayView Radiology.

### From the East

Take I-275 to Busch Boulevard. Continue West on Busch Boulevard to Gunn Highway. Turn Right on Linebaugh Avenue, turn Left into Cypress Point Office Park (just before Dale Mabry traffic light). Follow signs to BayView Radiology.

### From the West

Take Linebaugh Avenue East past Gunn Highway. Turn Left into Cypress Point Office Park (just before Dale Mabry traffic light). Follow signs to BayView Radiology.

**WE CURRENTLY ACCEPT OVER 500 INSURANCE PLANS.**  
**WE ACCEPT VIRTUALLY ALL MEDICAL INSURANCE PLANS.**  
**WE ACCEPT ALL AUTO INSURANCE PLANS.**  
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Hours: Mon-Fri 8am-5pm with EXTENDED HOURS on evenings & weekends.

Inquire when scheduling appointment.



CYPRESS POINT OFFICE PARK  
 10010 N. Dale Mabry Highway  
 Suite 150  
 Tampa, FL 33618

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