

CHIROPRACTIC ORDER FORM

REQUIRED INFO PLEASE PRINT

TAX ID# 56-1427775 NPI# 1538123450

Patient First Name _____ Last Name _____ Date _____

DOB _____ Male Female Parent /Guardian name _____

Primary Insurance _____ Auth# _____

Secondary Insurance _____ Auth# _____

Exam(s) Ordered (or check below) _____ **ROUTINE** **STAT**

History, Symptoms, Diagnosis or ICD Code _____ **CALL REPORT**
_____ **FAX REPORT**

Scheduler Name _____

Practice Name _____ Practice Phone _____

Provider Signature _____ Provider Name _____
STAMPED SIGNATURES ARE NOT ACCEPTABLE PLEASE PRINT

CC to Practice _____ CC Provider Name _____

Referring Office to Schedule Wake Rad to Schedule

Patient Home Phone _____

Work _____

Cell _____

Appointment Date	Time	Exam Location
------------------	------	---------------

Any previous related imaging? Yes No

If Yes, WakeRad REX Other facility _____

If other facility, will patient bring? Yes No

Wake Radiology cannot accept chiropractic imaging orders for Medicare patients. Currently, Medicare does not reimburse for chiropractic referred radiologic imaging studies. The exam must be ordered by a MD or DO.

X-RAY (Walk-in exams)

- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Pelvis
- Scoliosis
- Ribs Bilateral L R
- Other Joints & extremities (specify) _____ L R

Walk-in exam with order - no appointment needed. X-ray not available at Breast Care Center, Raleigh MRI and Smithfield offices.

MR

Please complete MRI Patient Safety Checklist before appointment.

- Contrast as determined by radiologist
- Without contrast Without and with contrast
- Draw Creatinine labs if medically indicated for contrast delivery
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Bony Pelvis
- Shoulder L R with MR Arthrogram
- Hip L R with MR Arthrogram

CT

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis

Review MRI safety checklist with patient before appointment

- Yes No Aneurysm clips or vascular (blood vessel) surgery?
- Yes No Brain surgery?
- Yes No PACEMAKER? If yes, type _____
- Yes No Implanted Cardiac Defibrillator?
- Yes No Heart surgery, (e.g., valves, stents)?
- Yes No Electronic implant or device?
- Yes No Neurostimulator or spinal cord stimulator?
- Yes No Insulin pump or other infusion pump?
- Yes No Stents, filters, coils or shunts?
- Yes No Eye surgery, implants or tattooed eyeliner?
- Yes No Ear surgery, cochlear implants or other implants?
- Yes No Gunshot or shrapnel injury?
- Yes No Eye injury involving metal slivers, or shavings? Metal or grinding worker?
- Yes No Small bowel endoscopy camera?
- Yes No History of kidney failure or kidney disease? Are you on dialysis?
- Yes No History of allergic reaction to MRI or CT contrast?
- Yes No Hair piece, wig or hair pins?
- Yes No Body piercing, magnetic fingernail polish, tattoo or permanent makeup?
- Yes No Medicated skin patches?
- Yes No Joint replacement or implants?
- Yes No Bone/joint pin, screw, plate, etc.?
- Yes No Orthopedic or prosthetic device?
- Yes No Spine Surgery?
- Yes No Tissue expanders (e.g. breast)?
- Yes No History of cancer?
- Yes No Pregnant or breast feeding?
- Yes No Drug allergies?
- Yes No Removable dental work or hearing aids?

If the patient answered YES to any of these questions, please call MRI at 919-782-7666.

NUCLEAR MEDICINE BONE SCAN

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis

PATIENT EXAM PREPARATION

The following preparations are for routine adult radiology exams. Please give your patient a copy of our Patient Prep Info and Directions handout.

ROUTINE EXAMS

- X-ray: No patient prep is required

CT SCANS

- CT Cervical, Thoracic, Lumbar or Pelvis: These studies generally DO NOT require intravenous (IV) contrast and don't require any special prep. Patient should bring any X-rays that relate to the area being scanned.

NUCLEAR MEDICINE

- All Bone Scans: Hydrate well before study.

MRI

- No prep is required for the MRI studies listed above.