



# CIVA CT IMAGING ORDER FORM

CARRELL CLINIC CENTER, 9301 NORTH CENTRAL EXPRESSWAY, SUITE 410, DALLAS, TEXAS 75231

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT CONTACT NUMBER: \_\_\_\_\_ DATE ORDERED: \_\_\_\_\_

ORDERING MD: \_\_\_\_\_ REFERRING MD: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ICD9 CODE: \_\_\_\_\_ **EF (if known)**

## CARDIAC CT (GATED)

- |   |  |
|---|--|
| <input type="checkbox"/> CORONARY ARTERIES/CARDIAC CT | <input type="checkbox"/> CABG/YES OR NO (IF YES, SUPPLY INFO.) |
| <input type="checkbox"/> CALCIUM SCORE ONLY           | <input type="checkbox"/> FULL CHEST                            |

## VASCULAR CT (NOT GATED)

- AORTA AND BILATERAL LOWER EXT RUNOFF
- AORTA (  CHEST  ABD  PELVIS)
- AAA (ABD/PELVIS ONLY)
- ABD AORTA WITH RENAL ARTERIES
- THORACIC ANEURYSM (PRE-OP: CHEST/ABD/PELVIS)
- THORACIC ANEURYSM (POST-OP-CHEST ONLY)
- ENDOGRAFT FOLLOW-UP (ABD/PELVIS ONLY)
- CAROTID ARTERIES
- TO INCLUDE (CIRCLE OF WILLIS)
- UPPER EXTREMITY CTA     LEFT  RIGHT
- LOWER EXTREMITY CTA     LEFT  RIGHT
- SUBCLAVIAN ARTERY CTA     LEFT  RIGHT
- SUBCLAVIAN VEIN CTA     LEFT  RIGHT
- VENA CAVA (  CHEST  ABD  PELVIS)

## NEURO/BODY CT

- HEAD CT
- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- SOFT TISSUE NECK
- SINUSES
- INT AUD CANALS (IAC)
- CHEST
- ABDOMEN
- PELVIS
- OTHER: \_\_\_\_\_

PHYSICIAN SIGNATURE FOR ORDER: \_\_\_\_\_ (REQUIRED)

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\*MAXIMUM ONE TEST FROM ANY BOX ON ANY PARTICULAR DAY AND 1 WEEK BETWEEN TESTING.