

Department of Radiology
 MSU Clinical Center, Ste D100 (D-Wing)
 840 Service Rd, East Lansing, MI 48824



Tax ID 386005984
 NPI 1891747614

Patient Name _____ DOB _____ Phone _____
 Diagnosis/ICD Code(s) _____
 Reason for Test or Referral/Signs & Symptoms _____
 Injury Date _____ Male Female Weight _____
 Insurance Type(s) _____ Preauthorization # _____

Please fax referral form with insurance card(s)—front and back

COMPUTERIZED TOMOGRAPHY (CT)

Head

- Head/Brain
- Maxillofacial (Sinuses or Face)
- Orbits/IAC/Pituitary
- TMJ (Temporo-Mandibular Joint)
- Dental CT (Implants)

Spine

- Cervical
- Thoracic
- Lumbar (LS/Lumbo Sacral)

Upper Extremities & Joints

- Shoulder
- Scapula
- Upper Arm (Humerus)
- Elbow
- Lower Arm (Radius/Ulna)
- Wrist
- Hand

Lower Extremities & Joints

- Hip (Pelvis CPT 72192)
- Upper Leg (Femur)
- Knee
- Lower Leg (Tibia/Fibula)
- Ankle (Includes Achilles)
- Foot

PRE-SCREENING

Please answer the following questions to assist with scheduling.

- Allergy to Contrast or Iodine YES NO
- Asthma YES NO
- Kidney Problems YES NO
- Diabetes YES NO
- Pregnant YES NO

CT ANGIOGRAPHY (CTA)

- Head Angiography (Cerebral)
- Neck Angiography (Carotid & Vertebral)
- Upper Extremity Angiography
- Chest Angiography
- Cardiac Angiography
- Abdomen Angiography
- Abdominal Runoff
- Pelvis Angiography
- Lower Extremity Angiography

MISCELLANEOUS

- Neck (Soft Tissue)
- Brachial Plexus
- Chest
- Heart Screen
- Abdomen
- Pelvis
- CT Colonography
- Other _____

CT MYELOGRAM

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Complete Spine

CT exams with and/or without contrast will be performed per Radiologist's protocol. If you would NOT like contrast administered, check this box:

Referring Physician/Provider Information

Signature or stamp **X** _____
 Printed Name _____

Form filled out by _____
 Office Phone _____
 Office Fax _____