Lake Cumberland Neurosurgical Clinic, P.S.C

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SCHEDULING
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Name: _____ Date of Birth: _____
Referring Physician: _____
Referring Physician Signature: _____
Appointment Date: _____ Time: _____
Diagnosis: _____
_____

MRI

- Without Contrast.
- With & Without Contrast

Brain
- MS.
- Pituitary.
- IACs.
- Orbits.
- Diffusion / Perfusion

Spine
- Cervical.
- Thoracic.
- Lumbar.
- Sacrum.

MRA
- Circle of Willis.
- Renals.
- Carotids.

MRV

ABDOMINAL
- Liver.
- Renal.
- Adrenals.
- Pelvis.
- Vascular.
- Chest

EXTREMITY

Brachial Plexus.	(Left / Right)
Shoulder.	(Left / Right)
Elbow.	(Left / Right)
Wrist.	(Left / Right)
Hand.	(Left / Right)
Hip.	(Left / Right)
Knee.	(Left / Right)
Ankle.	(Left / Right)
Foot.	(Left / Right)

X-Ray

Chest
- PA only.
- PA & Lateral.
- Ribs Bilateral.
- Left Ribs.
- Right Ribs.
- Sternum.
- Sternoclavicular Joints.

Abdomen
- Routine.
- Flat & Upright.

Skull.
- Routine.
- Trauma.
- Nose.
- Facial Bones.
- Mandible.
- Mastoids
- Temporomandibular Joints.
- Sinuses
- Orbits
- Optic Foramen.
- Other_____

Spine.
- Cervical
- Dorsal (Thoracic).
- Lumbosacral.
- Thorocolumbar.
- Sacrum & Coccyx.
- Sacroiliac Joints.
- Scoliosis (Upright)

Lower Extremity
L / R
- Ap Pelvis.
- Ap & Frog Hips.
- Hip.
- Femur.
- Knee.
- Patella.
- Tibia & Fibula.
- Ankle.
- Foot.
- Toes.
- Heel.

Upper Extremity
L / R
- Shoulder.
- Clavicle.
- Scapula.
- Acromioclavicular Joints.
- Humerus.
- Elbow.
- Forearm.
- Wrist.
- Navicular.
- Bone age (Child).
- Hand.
- Finger.

Other :_____

** All MRI's Requiring Contrast Will need BUN/CREAT Done within 6 weeks if diabetic, renal disease, hypertension, over 60. Results may be faxed to (606) 678-9619. Any Questions Please Call (606) 425-4222.