TRIUMPH RADIOLOGY

Monday Through Friday | 8:00am - 5:00pm

3233 SW 33rd Rd Ste 301
Ocala, FL 34474
352-554-4878
Fax: 833-340-7254
NPI # 1043203003
Tax ID # 20-4685858

Patient Name _____ Today's Date _____

Phone _____ DOB _____ ☐ Male ☐ Female

ICD10 Code _____ Auth _____

Physician Name _____ Physician Signature _____

Office Phone _____ Office Fax _____

Emergency Phone Report to _____

☐ I hereby authorize Triumph Radiology 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.

OPEN MRI

Contrast: ☐ W/O ☐ W/O/W

- ☐ Brain
- ☐ Chest - Non-Cardiac
- ☐ Cervical
- ☐ Thoracic
- ☐ Soft Tissue Neck
- ☐ IAC's
- ☐ Pituitary
- ☐ Orbits
- ☐ Shoulder ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Extremity
- ☐ Extremity _____
- ☐ Pelvic
- ☐ Abdomen
- ☐ MRCP
- ☐ Other: _____

MRA

- ☐ Carotid
- ☐ Brain - Without Only
- ☐ Renal
- ☐ Other: _____

CT

Contrast: ☐ W/O ☐ W/ ☐ W/O/W

- ☐ Brain
- ☐ Orbit
- ☐ Sinus
- ☐ Soft Tissue Neck
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen/Pelvis (Kidney Stone)
- ☐ Extremity _____ ☐ R ☐ L
- Extremity _____

CTA w/Contrast

- ☐ Chest
- ☐ Brain
- ☐ Neck/Carotid
- ☐ Aorta & Runoff
- ☐ Pelvis
- ☐ Abdomen
- ☐ Other: _____

ECHOCARDIOGRAM ULTRASOUND

- ☐ ECHO w/Doppler
  - ☐ Eval Diastolic Dysfunction
- ☐ PAH: _____

ULTRASOUND

- ☐ Carotid Doppler
- ☐ Venous Doppler
  - ☐ R ☐ L ☐ B Ext. _____
- ☐ Arterial Doppler
  - ☐ w/ABI ☐ w/o ABI
  - ☐ R ☐ L ☐ B Ext. _____
- ☐ Abdominal Complete **
- ☐ ABD RUQ **
- ☐ Renal Doppler
- ☐ Thyroid
- ☐ Aorta
- ☐ OB - 1st Trimester
- ☐ OB - After 1st Trimester
- ☐ Pelvic - Transabdominal **
- ☐ Pelvic - Transvaginal **
- ☐ Prostate
- ☐ Testicular w/Duplex
- ☐ Soft Tissue: _____
- ☐ Extremity
- ☐ Other: _____

** Doppler added as needed

X-RAY

- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Mandible
- ☐ Bone Age Study
- ☐ Clavicle ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Humerus ☐ R ☐ L
- ☐ Shoulder ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Chest
- ☐ Rib Series ☐ R ☐ L
- ☐ Sacrum
- ☐ ST Neck
- ☐ Ankle ☐ R ☐ L
- ☐ Femur ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Tib/Fib ☐ R ☐ L
- ☐ Toes ☐ R ☐ L
- ☐ ABD Series 1V (Stones)
- ☐ ABD Series 2V (r/o Obstruction)
- ☐ ABD Series 3V (r/o Obstruction)
- ☐ Spine: _____
- ☐ Pelvis
- ☐ Sacrum/Coccyx
- ☐ Scoliosis Series
- ☐ Cervical EXT / FLEX
- ☐ Thoracic EXT / FLEX
- ☐ Lumbar EXT / FLEX
- ☐ Other X-Ray: _____

☐ **CREATININE DRAW** We require Creatinine Levels less than 90-days old on patients who are DIABETIC, over 60 or have RENAL INSUFFICIENCY before contrast injections in CT AND MRI.
CREATININE LEVEL _____ **DATE DRAW** _____