

LOGAN UNIVERSITY

HEALTH CENTERS

DEPARTMENT OF RADIOLOGY IMAGING REFERRAL REQUEST

IMAGING SERVICES BY APPOINTMENT ONLY

Tel: 636-230-1990

Fax: 636-207-2436

PATIENT INFORMATION

Patient's First Name _____

Middle Initial _____

Last Name _____

Date of Birth _____

Patient's Address _____

Gender Female

Male

City _____

State _____

Zip _____

Insurance Company _____

Patient's Telephone #: _____

INSURANCE ID # _____

INSURANCE GROUP # _____

Patient's Cell #: _____

PATIENT'S HISTORY

Patient's Chief Complaint _____

Surgeries _____

Trauma _____

History of Cancer? Yes No

Type _____

Diagnosis _____

STUDY REQUESTED

Radiography

Diagnostic Ultrasound

DXA

List Study (Over for list of imaging studies) _____

REFERRING DOCTOR INFORMATION

Referring Doctor _____

e-mail _____

Referring Doctor's Address _____

License Number _____

Suite _____

NPI _____

City, State, Zip _____

Fax _____

Telephone _____

Doctor's _____

Date _____

Signature _____

Logan University – Health Centers – 1851 Schoettler Road – Chesterfield, MO 63017

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www.logan.edu

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LIST OF RADIOGRAPHIC SERIES				LIST OF DIAGNOSTIC ULTRASOUND STUDIES		
Cervical Spine	3 View	5 View	7 View	Shoulder	Right	Left
Lumbar Spine	3 View	5 View	7 View	Humerus	Right	Left
Thoracic Spine	2 View	3 View		Elbow	Right	Left
Chest	PA Chest	2 View	3 View	Forearm	Right	Left
Rib Series	5 View	Right	Left	Wrist	Right	Left
Sternum	2 View			Hand	Right	Left
Abdomen (KUB)	1 View	2 View		Finger	Right	Left
Obstruction Series	4 View			Hip	Right	Left
Full Spine	2 View	FASP Only – Follow Up		Thoracic Cage/Chest		
Scan-O-Gram	Leg Length			Groin/Hernia		
Clavicle	Right	Left		Hamstring	Right	Left
Shoulder	Right	Left		Quadriceps	Right	Left
Humerus	Right	Left		Femur Series	Right	Left
Elbow	Right	Left		Knee	Right	Left
Forearm	Right	Left		Tibia/Fibula	Right	Left
Wrist	Right	Left		Ankle	Right	Left
Hand	Right	Left		Calcaneal	Right	Left
Finger	Right	Left		Foot	Right	Left
Hip	Right	Left		Toe	Right	Left
AP Pelvis	1 View			Thyroid		
Sacrum/Coccyx	3 View			Carotid Screening		
Sacroiliac Joint	3 View			Abdominal Aorta Screening		
Femur Series	Right	Left				
Knee	Right	Left				
Tibia/Fibula	Right	Left		Other		
Ankle	Right	Left				
Calcaneal	Right	Left				
Foot	Right	Left				
Toe	Right	Left				
Skull	4 View					
Nasal Bone	3 View					
Sinus	3 View					
Mandible	4 View					
TMJ	4 View					
Other						

LIST OF DXA Scans

Dual-Energy X-Ray Absorption (DXA) Extremity

Dual-Energy X-Ray Absorption (DXA) 1 or more sites Pelvis/Hips/Spine

Dual-Energy X-Ray Absorption (DXA) Body Composition Study