Order Form

01/09/2026

DoseSpotClinic
123 N Main St
str 2
Brooklyn, MI 49230
NPI:
Phone: (956) 825-0925 Fax: (332) 241-0212

nmn nvgh NoResponse 01/01/2001
(301) 995-5111

Sw Locust Rd
Boardman, OR 97818

Primary Insurance Aetna

Insurance Address
Po Box 14079
Lexington, KY 40512-4079

Subscriber Name

Insured Name nmn nvgh

Address Sw Locust Rd
Boardman, OR 97818

Imaging Instructions:

ICD10 Code 52.1,D51.9

MR MUSCULOSKELETAL

- ☐ Shoulder
- ☐ Elbow ☐L ☐R
- ☐ Wrist ☐L ☐R
- ☐ Hand ☐L ☐R
- ☐ Hip ☐L ☐R
- ☐ Knee ☐L ☐R
- ☐ Lower Leg ☐L ☐R
- ☐ Ankle ☐L ☐R
- ☐ Foot ☐L ☐R
- ☐ MR Arthrography Specify joint:

MR BODY

- ☐ Abdomen ☐ Pelvis
- ☐ MRCP ☐ Liver
- ☐ Kidney

MR NEURO

- ☐ Brain
- ☐ IAC's/Orbits
- ☐ Pituitary
- ☐ Soft Tissue Neck
- ☐ Brachial Plexus ☐L ☐R
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
  - ☐ w/3D Myelogram
- ☐ Sacrum/Coccyx
- ☐ WEIGHT BEARING MRI

MR SPECIAL

- ☐ Breast
- ☐ Cardiac
- ☐ Enterography (MRE)
- ☐ Prostate
- ☐ TMJ
- ☐ Urogram
  (Abd/Pel w/wo with 3D recon)

MRA

- ☐ Brain ☐ Carotid
- ☐ Abdomen ☐ Kidney
- ☐ Runoff (Abd, Pel, Bilat legs)
- ☐ MRV Specify area of interest:

☐ MR OTHER Specify area of interest:

CT NEURO

- ☐ Brain ☐ Sinus
- ☐ Facial Bones
- ☐ IAC's/Temporal Bone
- ☐ Orbits ☐ Soft Tissue Neck
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine

CT MUSCULOSKELETAL ☐

Extremity (Specify area of interest)
- ☐ w/3D Recon.

☐ CT Arthography (Specifc Joint)

CT BODY

- ☐ Chest ☐ Abdomen ☐ Pelvis
- ☐ Urogram (Abd/Pel w/wo with 3D recon)
- ☐ Cardiac Calcium Score
- ☐ Low Dose Lung Screen

VASCULAR CT ANGIOGRAPHY

(All with IV contrast–no oral contrast)
- ☐ CTA Brain ☐ CTA Carotids
- ☐ CTA Chest (Pulmonary Embolus Protocol)
- ☐ CTA Aorta (Chest, Abd, Pel)
- ☐ CTA Coronary Arteries
- ☐ CTA Venous Structure
- ☐ CT OTHER (Specify area of interest)

_____

X-RAY/FLUOROSCOPY

- ☐ Chest ☐ Abdomen
- ☐ Pelvis ☐ Cervical Spine
- ☐ Thoracic Spine ☐ Flex
- ☐ Lumbar Spine ☐ Ext.
- ☐ Scoliosis/AP & LAT (T+L Spine)
- ☐ Pelvis Hip ☐RT &/or ☐LT
- ☐ Upper Extremity Indicate Site:
  _____ ☐RT ☐LT
- ☐ Lower Extremity Indicate Site:
  _____ ☐RT ☐LT
- ☐ Upper GI-W/Air per Rad*
- ☐ Ba Enema-W/Air per Rad*
- ☐ Esophagram*
- ☐ Small Bowl Study*
- ☐ Other

NUCLEAR MEDICINE Provide comparison films

- ☐ DaTscan
- ☐ Bone Scan Whole Body
- ☐ Bone Scan 3 Phase of:

☐ Bone Scan Limited of:

- ☐ Hepatobiliary Scan (HIDA)
  ☐ With EF ☐ W/O EF
- ☐ Thyroid Scan & Uptake*
- ☐ Liver/Spleen Scan
- ☐ Parathyroid Scan with SPECT
- ☐ Muga Resting
- ☐ Gastric Emptying Scan* Single Phase Only
- ☐ Renogram* ☐Lasix ☐No Lasix
- ☐ Renogram* With Captopril
- ☐ Lung Scan ☐Vent/LPerf ☐Quantilation
- ☐ Other _____

WOMEN'S IMAGING

- ☐ 3D Mammogram - Screening
- ☐ 3D Mammogram - Diagnostic
  w/ CAD and Breast US if questionable mammo ☐L ☐R ☐B
- ☐ Breast US - Screening ☐L ☐R ☐B
- ☐ Breast US - Diagnostic ☐L ☐R ☐B
- ☐ DEXAscan ☐L ☐R ☐B
- ☐ Stereotactic Biopsy ☐L ☐R ☐B
- ☐ Needle Localization ☐L ☐R ☐B
- ☐ US biopsy ☐L ☐R ☐B
- ☐ Cyst Aspiration ☐L ☐R ☐B
- ☐ MR Biopsy ☐L ☐R ☐B

PET

- ☐ PET/Skull Base to Thigh*
- ☐ PET / Whole Body*
- ☐ PET/Brain Amyvid Alzheimers
- ☐ PET/Brain* ☐ PET/Bone Scan

ULTRASOUND

- ☐ Abdomen
- ☐ Pelvis w/ Transvaginal
- ☐ Aorta
- ☐ Retroperitoneum
- ☐ Scrotum
- ☐ Thyroid

VASCULAR ULTRASOUND

- ☐ Arterial ☐ Venous
  - ☐ Upper Ext.
  - ☐ Lower Ext.
    ☐L ☐R ☐BILAT
- ☐ ABI
- ☐ Insufficiency
- ☐ Carotid
- ☐ Renal Doppler
- ☐ US OTHER (Specify area of interest)

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- ☐ Gastric Emptying Scan* Single Phase Only
- ☐ Renogram* ☐Lasix ☐No Lasix
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- ☐ Needle Localization ☐L ☐R ☐B
- ☐ US biopsy ☐L ☐R ☐B
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