

Outpatient Test Order/Appointment Request

Fax to Centralized Scheduling at (606) 408-6816

or call 1-877-304-1935



*Patient Name: _____ *Date of Birth: _____
*Date/Time of Order: _____ Appointment Needed by: _____
Social Security Number: _____ *Primary Diagnosis Code: _____
* Primary Phone: _____ Alternate Phone: _____
Ordering Provider (print): _____ *Signature: _____
Primary Diagnosis: _____ *ICD10 Code: _____

* - Indicates required field per CMS guidelines and UK KD policy. Diagnoses must pass medical necessity before the patient's appointment can be scheduled.

CT SCAN: Check the procedure box and indicate IV contrast option.

HEAD & NECK

- Head ___ W/O ___ W&W/O
- IAC/Temp Bone ___ W ___ W/O ___ W&W/O
- Neck ___ W ___ W/O
- Sinuses ___ NO CONTRAST
- Other: _____

CHEST

- Chest ___ W ___ W/O
- Chest High Resolution Chest SUPER-D

ABDOMEN/PELVIS

- Abdomen ___ W/O ___ IV only ___ IV & Oral ___ Oral only
- Abdomen & Pelvis ___ W/O ___ IV only ___ IV & Oral ___ Oral only
- Enterography
- Mylogram ___ Lumbar ___ Thoracic ___ Cervical
- Pelvis ___ W/O ___ IV only ___ IV & Oral ___ Oral only
- Urogram ___ No oral contrast prep

ANGIOGRAM

- CTA Abdomen CTA Chest
- CTA Pelvis CTA Coronary/Heart
- CTA Pulmonary embolism CTA Watchman
- CTA Head CTA TAVR
- CTA Neck CT Calcium Scoring
- CTA Brain Perfusion CT Calcium Scoring Screening
- CTA Abd/Pel Runoffs CTA Renal
- CTA Abdomen & Pelvis
- CTA Lower Ext ___ R ___ L ___ Bilat
- CTA Upper Ext ___ R ___ L ___ Bilat
- CTV Head CTV ABD/Pelvis
- CTV Upper Ext ___ R ___ L ___ Bilat

SPINE

- Cervical ___ W ___ W/O
- Thoracic ___ W ___ W/O
- Lumbar ___ W ___ W/O

EXTREMITY

- Lower Ext NO CONTRAST ___ R ___ L
- Lower Ext CONTRAST ___ R ___ L
- Upper Ext NO CONTRAST ___ R ___ L
- Upper Ext CONTRAST ___ R ___ L
- CT Arthrogram _____

DIAGNOSTIC X-RAY

HEAD

- Orbits for Fracture (4 views min)
- Facial Bones (4 views min)
- Nasal Bones (3 views min)
- Paranasal Sinuses (3 views min)
- Other: _____
- Orbits for Foreign Body
- Skull (4 view min)
- Sniff Test

NECK

- Neck Croup/Epiglottitis
- Neck/Soft Tissue

THORACIC

- Chest PA
- Chest Special Views (e.g. decubitus)
- Ribs Unilat (4 views w/chest)
- Chest PA & LAT
- Chest Apical-Lordotic
- Ribs Bilat (4 views w/chest)

ABDOMEN

- Acute Abdominal Series w/Chest
- KUB

ARM

- Shoulder ___ R ___ L ___ Bilat
- Humerus ___ R ___ L ___ Bilat
- Elbow ___ R ___ L ___ Bilat
- Forearm ___ R ___ L ___ Bilat
- Wrist ___ R ___ L ___ Bilat
- Hand ___ R ___ L ___ Bilat
- Pelvis
- Hip ___ R ___ L ___ Unilat
- Femur ___ R ___ L ___ Bilat
- Knees (3 views) ___ R ___ L ___ Bilat
- Standing Knees ___ Bilat
- Tibia-Fibula ___ R ___ L ___ Bilat
- Foot (3 views) ___ R ___ L ___ Bilat
- FINGERS
- Thumb ___ R ___ L ___ Bilat
- Index ___ R ___ L ___ Bilat
- Middle ___ R ___ L ___ Bilat
- Ring ___ R ___ L ___ Bilat
- Little ___ R ___ L ___ Bilat
- Infant Pelvis/Hips (2 view min)
- Hips ___ Bilat

SPINE

- Cervical Spine
- Lumbar Spine
- Thoracic Spine
- Sacrum/Coccyx

GASTRO

- Barium Enema
- Small Bowel
- Upper GI
- Barium Swallow
- Video Fluoroscopy

UROLOGY

- Nephrotomograms (IVP)
- Voiding Cystogram

MAMMOGRAPHY

- Mammo Screen ___ R ___ L ___ Bilat
- Mammo Diagnostic ___ R ___ L ___ Bilat
- US Breast if indicated by Mammo ___ R ___ L ___ Bilat
- Bone Density DEXA
- Other: _____

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NEUROLOGY

- Routine EEG
- Long-term EEG (>1 hour)
- Ambulatory EEG
- Other: _____
- EMG/NCV (1 lower only)
- EMG/NCV (bilateral lowers)
- EMG/NCV (1 upper only)
- EMG/NCV (bilateral uppers)
- EMG/NCV (1 upper, 1 lower)
- EMG/NCV (1 upper, bilateral lowers)
- EMG/NCV (bilat up, 1 lower)
- EMG/NCV (bilat uppers/lowers)
- ENG - Basic Vestibular Evaluation & Caloric Vestibular Test

NUCLEAR MEDICINE

MUSCULOSKELETAL SYSTEM

- Bone Scan ___ Limited ___ W/B ___ 3-Phase ___ Bone SPECT
- ___ Other: _____

RESPIRATORY SYSTEM

- Lung (VQ) Multiple
- Lung-Differential

GASTRO

- Liver/Spleen
- 2-hr Gastric Empty
- Liver SPEC
- 4-hr Gastric Empty
- Meckles
- Billiary Image GB/EF HIDA

GENITOURINARY SYSTEM

- Renal Single Flow /Fx
- Renal (Cortical) SPECT (DMSA)
- Renal Single Study (Captopril) (Lasix)
- Adrenal Tumor Loc W/B I-123 MIBG
- GI Bleed

NERVOUS SYSTEM / LYMPHATIC SYSTEM

- Ventricular Shunt
- Lymphatics & Lymph Gland Imaging
- NM Brain Scan

ENDOCRINE SYSTEM

- Thyroid Uptake & Scan
- Thyroid Therapy (Hyper)
- Thyroid (Ablation)
- Thyroid Metastatic Scan W/B no pharmaceutical (post ablation)
- Parathyroid Imaging
- Parathyroid Imaging w/SPECT

TUMOR OR ABSCESS LOCALIZATION

- Abscess Localization W/B (indium) WBC
- Abscess Localization Ltd. (indium)
- Abscess Localization Ltd. (Cerete/WBC)
- Abscess Localization W/B (Cerete/WBC)
- Tumor Localization SPECT (Cerete/Ind.)
- Tumor Localization W/B Octreotide
- Tumor Localization SPECT Octreotide

PECT/CT IMAGING

- Tumor Initial Treatment
- Tumor Subsequent Treatment
- Whole Body
- Axumin
- Ltd. Area
- Brain (metabolic)
- GA68 ___ Whole body ___ Limited
- Pylarify

RESPIRATORY/PULMONOLOGY

- Spirometry
- Lung Volume
- Diffusion - DLCO
- PFT Complete
- Pulse Oximetry
- Rest
- Walking
- Metacholine Challenge Test
- Arterial blood gases
- Other: _____

SLEEP MEDICINE

- Polysomnography (PSG) - diagnostic
- Polysomnography w/CPAP/BiPAP
- Multiple Sleep Latency Test with PSG
- Home Sleep Study - diagnostic
- Home Sleep Study (CPAP) - therapeutic
- Other: _____

ULTRASOUND - GENERAL

- ABD Aorta
- Kidney
- ABD Complete
- Liver
- RUQ Limited ABD
- Thyroid
- Bladder
- Soft-Tissue Focused
- Scrotum/Testicle
- Duplex Scan of Abdomen
- Pelvis Transabdominal
- Pelvis Transvaginal
- Carotid Duplex
- Renal Artery Duplex
- AV Fistula
- Other: _____

ULTRASOUND - OBSTETRICAL

- Pregnancy
- OB < 14 wks single or 1st gestation
- Fetal Biophysical Profile no stress

ULTRASOUND - INFANT

- Spinal Canal
- Hips - Infant w/Manipulation
- Pyloric Stenosis
- Neonatal Infant/Head

THYROID BX - US GUIDED

- Guided Thyroid Neck Biopsy
- ___ R ___ L ___ Bilat Size of Nodule: _____

VASCULAR

- Upper Extremity Venous ___ R ___ L ___ Bilateral
- Upper Extremity Venous Mapping Bilateral
- Lower Extremity Venous ___ R ___ L ___ Bilateral
- Lower Extremity Venous Mapping Bilateral
- Duplex Upper Extremity Arterial ___ R ___ L ___ Bilateral
- Duplex Lower Extremity Arterial ___ R ___ L ___ Bilateral
- Duplex Upper Extremity Arterial ___ R ___ L ___ Bilateral
- Ankle Brachial Index
- Ankle Brachial Index w/Exercise
- Arterial Doppler Legs Bilateral