LOURDES IMAGING NETWORK

YELLOW PAPER

☐ ***ACADIANA IMAGING CENTER - SOUTH***
2311 Kaliste Saloom Road • Lafayette, LA
(Across from Randol's Restaurant)
Fax 337-231-5776 • Phone 337-231-5775
MR-High Field, CT, X-Ray, Fluoroscopy, PET/CT

☐ ***ACADIANA IMAGING CENTER - CENTRAL***
501 W. St. Mary • Ste. 108 • Lafayette, LA
(St. Francis Bldg behind Our Lady of Lourdes)
Fax 337-231-5567 • Phone 337-231-5775
Open MRI

Patient Name ______________________ *Appt. Date:* ______________ *Time:* ________ ☐ *AM* ☐ *PM*

Ordering Physician ______________________ Diagnosis ______________________

Allergic to Iodine? ☐ YES ☐ NO Prior Exams done? ☐ YES ☐ NO Where? ______________________

Diabetic? ☐ YES ☐ NO *If Yes, need BUN/Creatinine results faxed over with orders* ______________________

*If your patient has had surgery on the area being scanned or a history of cancer, please notify us.

NOTE: PATIENTS' PREVIOUS TEST FILMS ARE NECESSARY FOR COMPARISON TO GET THE MOST ACCURATE RESULTS.

Comments ______________________

MRI

MRI		w/o	with
☐ Brachial Plexus	☐ RT ☐ LT	☐	☐
☐ MR Arthrogram (specify)__________			
☐ Abdomen		☐	☐
☐ Brain		☐	☐
☐ Cervical		☐	☐
☐ Cholangiogram (MRCP)		☐	☐
☐ Female Pelvis		☐	☐
☐ Hip/Hips	☐ RT ☐ LT	☐	☐
☐ IAC's		☐	☐
☐ Knee	☐ RT ☐ LT	☐	☐
☐ Lumbar		☐	☐
☐ Orbit		☐	☐
☐ Pelvis		☐	☐
☐ Shoulder	☐ RT ☐ LT	☐	☐
☐ Soft Tissue Neck		☐	☐
☐ Thoracic Spine		☐	☐
☐ Pituitary/Sella		☐	☐
☐ Upper Ext	☐ RT ☐ LT ☐ Bilat	☐	☐
Specify location__________			
☐ Lower Ext	☐ RT ☐ LT ☐ Bilat	☐	☐
Specify location__________			
☐ Other:__________			
☐ Other:__________			

MRA

MRA	w/o	with
☐ Abdomen	☐	☐
☐ Brain	☐	☐
☐ Chest	☐	☐
☐ Neck	☐	☐
☐ Neck/Carotid		
☐ Renals	☐	☐
☐ MRV Brain (Venous Flow)	☐	☐
☐ Other:__________		
☐ Other:__________		
☐ Other:__________		

PET / CT

☐ Standard Body Study
(Skull base to Thigh)
Special (Non-Standard)

☐ Limited Body (Chest etc.)

☐ Whole Body (skull vertex to toes)
For known or suspected lower ext tumors; i.e., Melanoma, Squamous Cell Ca.

☐ Brain only (Alzeheimers, Brain tumors)

☐ Myocardial Imaging (Cardiac Viability)

CTA

☐ Abdomen
☐ AA/Runoff
☐ Carotids
☐ Head/COW
☐ Chest
☐ Renals

☐ Other:__________

☐ Other:__________

FLUOROSCOPY

☐ BE
☐ BE w/Air
☐ Esophogram
☐ Esophogram w/13mm tablet
☐ SBS
☐ UGI
☐ IVP
☐ Arthrogram
Specific Location __________
☐ Myelogram/CT
☐ Lumbar Spine
☐ Thoracic Spine
☐ Cervical Spine

☐ Other:__________

☐ Other:__________

☐ Other:__________

CT

CT		w/o	with
☐ Abdomen		☐	☐
☐ Cervical Spine		☐	☐
☐ Chest		☐	☐
☐ Extremity Lower	☐ RT ☐ LT	☐	☐
Specify Location__________			
☐ Extremity Upper	☐ RT ☐ LT	☐	☐
Specify Location__________			
☐ Head/Brain		☐	☐
☐ Lumbar Spine		☐	☐
☐ Pelvis		☐	☐
☐ Sinus		☐	☐
☐ Soft Tissue Neck		☐	☐
☐ Temporal Bones		☐	☐
☐ Thoracic Spine		☐	☐
☐ Hips		☐	☐
☐ Abdomen/Pelvis	*Renal Stone Survey*	☐	☐
☐ Other:__________			

DIAGNOSTIC RADIOLOGY (X-RAYS)

☐ Abdomen Flat & Upright
☐ Abdomen KUB
☐ Acromioclavicular Joint
☐ Ankle
☐ Bone Age
☐ Bone Length Study
☐ Calcaneus
☐ Cephalogram
☐ CXR
☐ PA
☐ PA/LAT
☐ APICAL LORDOTIC
☐ Clavicle
☐ Elbow
☐ Facial Bones
☐ Femur
☐ Finger
Specify__________
☐ Foot
☐ Forearm
☐ Hand
☐ Hip
☐ Humerus
☐ Knee
☐ Knee-Standing
☐ Mandible

☐ Metastatic Series
☐ Nasal Bones
☐ Orbits
☐ Pelvis
☐ Ribs
☐ Sacroiliac JTs
☐ Sacrum/Coccyx
☐ Scapula
☐ Sinus
☐ Shoulder
☐ Skull
☐ Soft Tissue Neck
☐ Spine: Cervical
☐ 3V ☐ 5V ☐ 7V
☐ w/Flex/Ext
☐ Spine: Lumbar
☐ 3V ☐ 5V ☐ 7V
☐ w/Flex/Ext
☐ Spine: Thoracic
☐ Spine: Scoliosis
☐ Sterenoclavicular Joints
☐ Sternum
☐ Tibia & Fibula ☐ RT ☐ LT
☐ Toe ☐ RT ☐ LT
Specify __________
☐ Wrist ☐ RT ☐ LT

☐ Other: __________

LOURDES IMAGING NETWORK

Healthcare to the HIGHEST Power.℠

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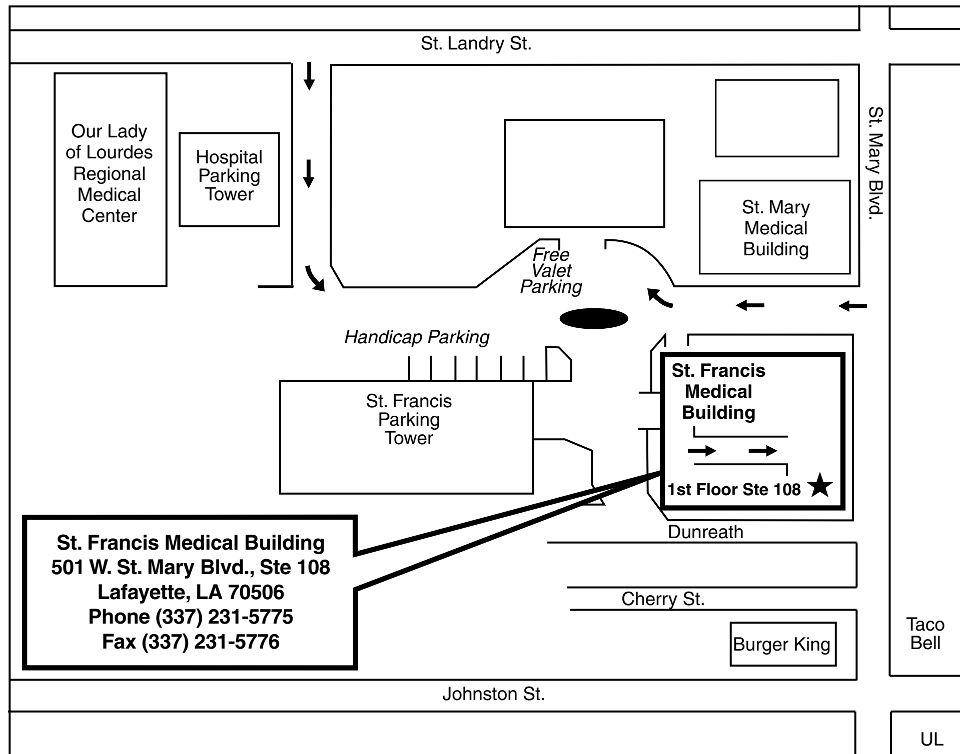
Office: (337) 231-5775 • Fax: (337) 231-5567

Open Air MRI



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High Field MRI

CT 16-Slice

Fluoroscopy

X-Ray

PET / CT