

Patient Name _____ Date of Birth ____/____/____

Patient Signature _____ **Exam Date & Time** _____

Ordering Practitioner/Physician (please print) _____

Practitioner Signature _____

1 Mark the Exams to be performed. **2** Write R/L listing to the right of each. **3** Write any additional requests or instructions as necessary. ****No Contrast Exams Available**** **4** Send patients to Trinity Imaging with this form located at **2900 Independence Square, West Plains, MO 65775** - trinityimagingwp@gmail.com

Head/Skull

- ___ 2 Views - AP/PA & Lateral
- ___ 3 Views - AP/PA, Lateral, Towne

Facial

- ___ 2 Views - Caldwell & Lateral

Paranasal-Sinus

- ___ 3 Views - OM (Occipitomeatal), OF (Occipitofrontal), Lateral

Chest

- ___ 1 View - PA/AP
- ___ 2 Views - PA/AP & Lateral

Ribs

- ___ 3 Views - Unilateral + PA Chest
- ___ 4 Views - Bilateral + PA Chest

Abdomen

- ___ 1 View - PA Erect
- ___ 1 View - Kidneys, Ureter, Bladder
- ___ 2 Views - AP/PA & Lateral

Shoulder

- ___ 3 Views - External & Internal Rotation, & Scapular (Y)

Clavicle

- ___ 2 Views - AP & AP cephalad angulation

Humerus

- ___ 2 Views - AP & Lateral

Elbow

- ___ 2 Views - AP & Lateral
- ___ 3 Views - AP, Lateral, Oblique

Radius-Ulna

- ___ 2 Views - AP & Lateral

Wrist

- ___ 2 Views - PA & Lateral
- ___ 3 Views - PA, Lateral, Oblique

Hand/Fingers

- ___ 2 Views - PA & Lateral
- ___ 3 Views - PA, Oblique, Lateral

Hip with Pelvis (Unilateral)

- ___ 2 Views - AP & Lateral

Hips with Pelvis (Bilateral)

- ___ 3 Views - AP, Left & Right Lateral

Sacroiliac

- ___ 2 Views - AP & Lateral

Coccyx

- ___ 2 Views - AP & Lateral

Femur

- ___ 2 Views - AP & Lateral

Knee

- ___ 2 Views - AP & Lateral

Tibia-Fibula

- ___ 2 Views - AP & Lateral

Ankle

- ___ 2 Views - AP & Lateral
- ___ 3 Views - AP, Lateral, Mortise

Foot/Toes

- ___ 2 Views - DP (Dorsoplantar) & Lateral
- ___ 3 Views - DP, Medial Oblique, Lateral

Calcaneus

- ___ 2 Views - Axial & Lateral

Cervical Spine

- ___ 2 Views - AP & Lateral
- ___ 3 Views - AP, Lateral, & Odontoid (aka: Peg, Open Mouth) Additional Views - R/L Oblique, Flexion-Extension, Fuchs

Thoracic Spine

- ___ 2 Views - AP & Lateral
- ___ 3 Views - AP, Lateral, Flexion or Extension

Lumbar Spine

- ___ 2 Views - AP & Lateral
- ___ 3 Views - AP, Lateral, Flexion or Extension Additional Views - R/L Oblique

Additional Notes / Requests