



# Radiology Request Form

Fax completed form to Radiology Scheduling 727-767-8520 e-fax  
Patients Copy

Patient Name (Last, First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Pre-Authorization # / Pre-Notification # \_\_\_\_\_ Appointment Date \_\_\_\_\_

Referring Physician Name Print (REQUIRED) \_\_\_\_\_ Referring Physician Signature (REQUIRED) \_\_\_\_\_ After Hours Phone Number \_\_\_\_\_

Order may be modified according to department written protocol including the administration of contrast.  Yes  No

**MRI / MRA:**  Main Hospital  Tampa

**WITH ANESTHESIA (MUST specify):** \_\_\_\_\_

**WITH** Contrast

**WITHOUT** Contrast

**WITH and WITHOUT** Contrast

BUN: \_\_\_\_\_

Creatinine: \_\_\_\_\_

Date of Lab Work: \_\_\_\_\_

Brain MRI (FAST)

with pituitary

with orbits

with IAC's

Brain FAST

MRA Brain

MRA Neck

TMJ

Cervical Spine

Thoracic Spine

Lumbar Spine

Abdomen

MRCP (preferred method WITHOUT contrast)

Pelvis  Female Anatomy  Bone Anatomy

Soft Tissue Neck (preferred method  
WITH and WITHOUT contrast)

MRI **UPPER** Extremity: \_\_\_\_\_  
 RIGHT or  LEFT

MRI **LOWER** Extremity: \_\_\_\_\_  
 RIGHT or  LEFT

MRI **UPPER Joint:** \_\_\_\_\_  
 RIGHT or  LEFT

MRI **LOWER Joint:** \_\_\_\_\_  
 RIGHT or  LEFT

**OTHER MRI Scan (specify):** \_\_\_\_\_

**CT / CTA:** Main Hospital Only

**WITH Anesthesia (MUST specify):** \_\_\_\_\_

**WITH IV Contrast**

**WITHOUT IV Contrast**

Head  for surgical planning

Head 3D

Sinuses  for surgical planning

Mastoids

Temporal Bone

Facial Bones/Orbits

Soft Tissue Neck

Chest

High Resolution Chest

Abdomen and Pelvis **WITH** contrast

Abdomen and Pelvis **WITHOUT** contrast  
(rule out kidney stones)

Pelvis Only

Cervical Spine  for surgical planning

Thoracic Spine  for surgical planning

Lumbar Spine  for surgical planning

Urogram

CTA (**specify anatomy**): \_\_\_\_\_

Cardiac CT

Cardiac CT WITH function

CT **UPPER** Extremity: \_\_\_\_\_  
 RIGHT or  LEFT

CT **LOWER** Extremity: \_\_\_\_\_  
 RIGHT or  LEFT

**OTHER CT Scan (specify):** \_\_\_\_\_

**ULTRASOUND:**  Main Hospital  East Lake

**WITH** Color Flow Doppler

**WITHOUT** Color Flow Doppler

Neonatal Brain

Neonatal Spine

Abdomen

RUQ (**includes gallbladder, liver, pancreas,  
right kidney**)

Pyloric

Renal and Bladder

Thyroid and Neck

Trans Carotid Doppler

Soft Tissue (**MUST specify anatomy**): \_\_\_\_\_

Scrotum/Testicles

Pelvis Limited (Male)

Pelvis Complete (Female)

Transvaginal

**UPPER Extremity (MUST specify below):**

VENOUS or  ARTERIAL

RIGHT  LEFT  BILATERAL

**LOWER Extremity (MUST specify below):**

VENOUS or  ARTERIAL

RIGHT  LEFT  BILATERAL

Hips (Includes bilateral)

**OTHER US (specify):** \_\_\_\_\_

**DIAGNOSTIC X-RAY:** No Appointment

**Necessary.** Multiple locations please see back for details.

**DEXA:** Main Hospital Only

Bone Density

**FLUOROSCOPY:** Main Hospital Only

Upper GI

VCU

Contrast Enema

**OTHER (specify):** \_\_\_\_\_

**NUCLEAR MEDICINE:** Main Hospital Only

(See back for scheduling times)

Reason for Exam(s) (Required): \_\_\_\_\_

Pertinent Patient History (Required): \_\_\_\_\_

Symptoms: \_\_\_\_\_

Allergies: \_\_\_\_\_

JHACH Patient ID

Scan to:

## Radiology Request Form

### Outpatient Care Centers Locations and Hours of Operation:

**Saint Petersburg (Hospital – Main Campus)**

501 6th Ave South  
St. Petersburg, FL 33701  
Phone: 727-767-8497  
Monday thru Friday: 8:00 am. – 6:00 p.m.  
Saturday: 8:00 a.m. – 4:00 p.m.  
Sunday: 8:00 a.m. – 4:00 p.m. (X-Ray, CT only)  
Emergency Room: Open 24 hours  
**Radiology services offered: MRI, CT Scan,  
Ultrasound, Nuclear Medicine, X-Ray**

**Tampa**

12220 Bruce B. Downs Blvd.  
Tampa, FL 33612  
Phone: 813-631-5000  
Monday thru Friday: 8:00 a.m. - 5:00 p.m.  
**Radiology services offered: MRI and X-Ray**

**East Lake**

3850 Tampa Road  
Palm Harbor, FL 34684  
Phone: 727-786-5482  
Monday thru Friday: 8:00 a.m. - 5:00 p.m.  
**Radiology services offered: X-Ray and Ultrasound**

**Sarasota**

5881 Rand Blvd.  
Sarasota, FL 34238  
Phone: 941-927-8805  
Monday thru Friday: 8:00a.m. - 5:00 p.m.  
**Radiology services offered: X-Ray Only**

**Brandon**

885 South Parsons Ave.  
Brandon, FL 33511  
Phone: 813-436-5900  
Monday thru Friday: 8:00 a.m. - 5:00 p.m.  
**Radiology services offered: X-Ray Only**

**Pasco**

4443 Rowan Rd.  
New Port Richey, FL 34653  
Phone: 727-846-9900  
Monday thru Friday: 8:00 a.m. - 5:00 p.m.  
**Radiology services offered: X-Ray Only**

JHACH Patient ID

Scan to: