



Rogue Valley Physicians, PC IMAGING SERVICES

2900 Doctors Park Drive
Medford, OR 97504
Phone: 541-842-9620 | Fax: 541-842-9629

Please complete this form and fax to 541-842-9629. An ordering provider signature is required.

① FAX INFORMATION		
Date:	From:	# of pgs:
To: RVP Imaging Services	Provider phone #:	
RVP Fax: (541) 842-9629	Provider fax #:	

② PATIENT INFORMATION		
Patient's name:		
DOB:	Phone #:	
<input type="radio"/> Appt. already scheduled by provider for date: _____ Time: ____ AM/PM <input type="radio"/> RVP to call pt. to schedule appt.		
Please attach patient demographics and insurance information.		Patient Prep information on back. →

③ ORDERING PROVIDER INFORMATION	
Name:	Ordering Signature: ←
<input type="radio"/> Urgent <input type="radio"/> Perform test as soon as possible <input type="radio"/> Date test required: _____ <input type="radio"/> Fax report: # _____ <input type="radio"/> Phone report: # _____	
Copies of report to:	
Reason for exam:	

Diagnosis code(s): (must include diagnosis codes to process order)

CT EXAM		Mark one or more of the following.	
Head/Neck <input type="radio"/> Head/Brain <input type="radio"/> Sinus <input type="radio"/> Neck – Soft tissue <input type="radio"/> Temporal Bones <input type="radio"/> Facial Bones <input type="radio"/> Orbits <input type="radio"/> TMJ/Mandible	Body/Trunk <input type="radio"/> Chest <input type="radio"/> PE Protocol <input type="radio"/> High Resolution for Interstitial Lung Disease <input type="radio"/> Abdomen & Pelvis <input type="radio"/> Pancreas <input type="radio"/> Liver <input type="radio"/> Kidney Stone (CT KUB) <input type="radio"/> CT Urogram (CT IVP) <input type="radio"/> Adrenal <input type="radio"/> CT Colonography (Virtual Colonoscopy)	CTA – CT Angiography <input type="radio"/> Brain (Circle of Willis) <input type="radio"/> Carotids <input type="radio"/> Carotids & Brain <input type="radio"/> Pulmonary Arteries (PE Protocol) <input type="radio"/> Renal Arteries <input type="radio"/> Mesenteric Arteries	<input type="radio"/> Thoracic Aorta (Dissection) <input type="radio"/> Thoracic Aorta (Aneurysm) <input type="radio"/> AAA Eval. (Aorta to Iliac) <input type="radio"/> AAA Eval. (Post Endograft) <input type="radio"/> Lower Extremity Runoff <input type="radio"/> Other (specify): _____
Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar		Extremity <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Bilateral Specify: _____	

Contrast used per radiologist exam protocol instructions unless stated otherwise. Recommended CT ordering guidelines on back of form. **Special instructions:**

CAUTION Current creatinine test required for patients who will be receiving CT contrast with any of the following: <ul style="list-style-type: none"> <input type="radio"/> Over the age of 40 <input type="radio"/> Diabetic <input type="radio"/> History of renal insufficiency 	Creatinine Value: _____ GFR: _____ Date Drawn: _____
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OSTEOPOROSIS (DXA) TESTING	<input type="radio"/> Central <input type="radio"/> Peripheral
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X-RAY	Specify:
<input type="radio"/> R <input type="radio"/> L <input type="radio"/> Bilateral	

RVP Scheduling Section:	
Scheduled on:	<input type="radio"/> Tiger Registered <input type="radio"/> Questionnaire <input type="radio"/> Lab ordered: <input type="radio"/> No <input type="radio"/> Yes Oral Contrast: <input type="radio"/> No <input type="radio"/> Yes Dose: _____ <input type="radio"/> Harvest ordered <input type="radio"/> PA confirmed <input type="radio"/> Ordering office notified IV Contrast: <input type="radio"/> No <input type="radio"/> Yes Dose: _____

Directions:

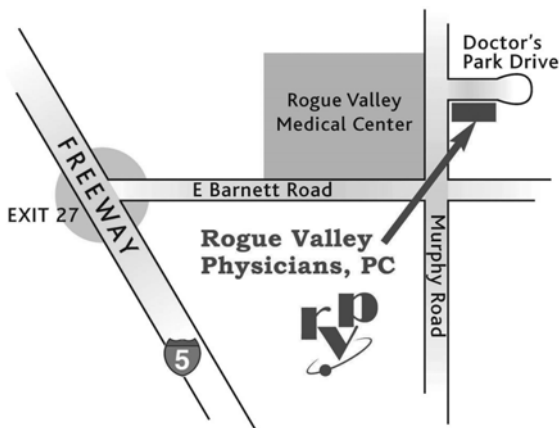
**Rogue Valley Physicians, PC
Laboratory and Imaging Center**
2900 Doctors Park Drive
Medford, OR 97504
Phone: 541-842-9620

Hours:

Monday – Friday
7:30 a.m. – 4:45 p.m.

Directions:

Take I-5 to the South Medford, exit # 27.
Travel East on Barnett Road past Rogue Valley
Medical Center. Turn LEFT (north) on Murphy Road.
Turn right at the first street (Doctor's Park Drive).
The RVP Laboratory and Imaging Center
is on the first floor of the Rogue Valley Physicians
building (two story brick building on corner).
Please check in upon arrival.



CT Ordering Guidelines: A brief reference

Indication	CT Order
Suspected pulmonary nodule	CT chest without contrast
Suspected pulmonary mass	CT chest with contrast
Suspected adenopathy in chest	CT chest with contrast
Possible Appendicitis	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
RLQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
LLQ Pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
Evaluation of GI tract abnormality (Including: appendicitis, diverticulitis, enteritis, colitis, IBD)	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
RUQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below) Pelvis not absolutely necessary, but oftentimes helpful in evaluation of contiguous peritoneal and unsuspected GI tract/gynecologic disease processes.
LUQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below) Pelvis not absolutely necessary, but oftentimes helpful in evaluation of contiguous peritoneal and unsuspected GI tract/gynecologic disease processes.
Flank Pain	CT abdomen and pelvis without contrast
Painless Hematuria	CT IVP
Evaluation of Indeterminate renal lesion (solid or cystic)	CT renal mass (CT abdomen with and without contrast)
Evaluation of indeterminate liver lesion (solid or cystic)	CT liver (CT abdomen with and without contrast)
Evaluation of indeterminate pancreatic lesion (solid or cystic)	CT pancreas (CT abdomen with and without contrast)
Evaluation of suspected pancreatitis	CT abdomen and pelvis with IV and oral (water) contrast
Notes: 1. Can be done without oral contrast in certain circumstances 2. Can be done without IV contrast if patient has iodine allergy or poor renal function (Cr ≥ 1.5)	

Patients receiving an Abdomen & Pelvis Exam:

- Proceed to Rogue Valley Physicians Laboratory and Imaging Center for your oral prep kit at least one day before your scheduled appointment.
- Oral prep instructions:
 - Drink ONE bottle chilled the night before test.
 - Drink ½ of second bottle 2 hours before the study, and remainder 1 hour before your appointment.
 - No food for 4 hours before appointment but 6 hours is best.
 - Drink lots of water.

NOTE: WITHOUT THIS PREPARATION, WE WILL BE UNABLE TO PROCEED WITH YOUR EXAM.

Patients receiving a Virtual Colonoscopy (CT Colonography):

Proceed to Rogue Valley Physicians Laboratory and Imaging Center for your oral prep kit and instructions at least 48 hours before your scheduled appointment.

NOTE: WITHOUT THIS PREPARATION, WE WILL BE UNABLE TO PROCEED WITH YOUR EXAM.