LOMA LINDA UNIVERSITY
MEDICAL CENTER

RADIOLOGY REQUEST FORM
Diagnostic

Patient's Name (Last, First) _____ Date of Birth _____
Patient's Phone Number _____ Weight _____
List Any Allergies _____ Diabetic ○ Yes ○ No
Symptoms/Reason for Exam _____ ICD-10 Code(s) _____

PLEASE NOTE: Procedures will NOT be performed without a complete and signed order.

HEAD AND NECK
- Skull (Select item)
- Orbits (Select item)
- Facial Bones (Select item)
- Nasal/Sinuses (Select item)
- Mandible (Select item)
- Temporomandibular Joint (Select item)
- Neck Soft Tissue (Select item)

UPPER EXTREMITIES
- Shoulder (Select item)
- Humerus (Select item)
- Elbow (Select item)
- Forearm (Select item)
- Hand (Select item)
- Wrist (Select item)
- Fingers (Select side) (Digit #)

SPINE
- C-Spine (Select item)
- T-Spine (Select item)
- L-Spine (Select item)
- Sacrum and Sacroiliac Joint (Select item)
- Scoliosis Series/Spinal Column (Select item)

CHEST, ABDOMEN AND PELVIS
- Sternum and Ribs (Select item)
- Chest (Select item)
- Abdomen (Select item)
- Pelvis (Select item)

GI/GU
- Esophagus (Select item)
- Upper GI (Select item)
- Lower GI (Select item)
- Hysterosalpingogram (Select item)
- Urinary System (Select item)

LOWER EXTREMITIES
- Hip (Select item)
- Femur (Select item)
- Knee (Select item)
- Tibia Fibula (Select item)
- Ankle (Select item)
- Foot (Select item)
- Toes (Select side) (Digit #)

SPECIAL/MISCELLANEOUS
- Surveys (Select item)
- Arthrogram (Select item)

Ordering Provider (Print Name and Title) _____ NPI# _____
Signature (Required) _____ Phone _____
Date _____ Fax _____

Please FAX the completed form to 909-558-0141, then call to schedule appointment at 909-558-5533, option 2.

You can place orders and view results faster using llucarelink.org. Learn more at:
http://lluhconnection.org/loma-linda-university-health-carelink.