

EXAM SCHEDULING ORDER FORM

Please fax completed form to 913-344-9957 or 816-444-9957 To reach our Scheduling Center, call 913-344-9989 or 816-444-9989

□ MR Cervical Spine □ CT Sinus LandmarX Study □ Pelvic ultrasound if needed □ MR Thoracic Spine □ CT Dental Implant: Maxilla □ Pelvic Ultrasound, TV if needed □ MR Abdomen □ CT Cervical Spine □ Renal Ultrasound □ MR Pelvis □ CT Cervical Spine □ Renal Doppler □ MR Pelvis □ CT Lumbar Spine □ Renal Doppler □ MR Enterography □ CT Chest □ CT Chest Jutrasound □ MR Hip RT / LT □ CT Chest High Res - Interstitial Lung Disease □ Carotid Doppler □ MR Knee RT / LT □ CT Chest Low Dose Lung Screening □ Arterial Doppler RT / LT □ MR Shoulder RT / LT □ CT Abdomen □ Venous Doppler RT / LT □ MR Bibow RT / LT □ CT Stone Study □ Ultrasound Extremity Ultrasound Other □ MR Breast W / 3D (Lee's Summit, North, Olathe, OP) **PSA count/date required □ CT Other Undeedededededededededededededededededed	Date:		
Mobile Phone:	☐ Contact Patient to Schedule ☐ DIC to PreCer	t (Clinical Notes required) □ Clinical Notes	attached
PreCert #: "Provider Signature: " *Diagnosis/Symptoms:	Mobile Phone: Alt Phone: Insurance:	Provider Phon Provider Fax:	e:
Hold patient and call report to:			nature:
MRI MR Head	*Diagnosis/Symptoms:		
MRI Head	☐ Hold patient and call report to:	Phone:	After hours phone:
MR Head	CONTRAST: ☐ Yes ☐ No ☐ Radiologist discretion	CREATININE: □ DIC to obtain (if needed)	Results: Date:
MR Orbits	MRI	СТ	ULTRASOUND
Shoulder RT / LT	MR Head	□ CT Head □ CT Orbits □ CT Facial Bones □ CT Sinus □ CT Sinus LandmarX Study □ CT Dental Implant: Mandible □ CT Dental Implant: Maxilla □ CT Soft Tissue Neck □ CT Cervical Spine □ CT Thoracic Spine □ CT Lumbar Spine □ CT Chest □ CT Chest Low Dose Lung Screening □ CT Abdomen □ CT Pelvis □ CT Stone Study □ CT Urography with 3D □ CT Extremity □ CT Other CT Other CT ANGIOGRAPHY □ CTA Head □ CTA Neck □ CTA Aorta □ CTA Renal □ CTA Legs/Lower Extremity Runoff □ CTA Other NUCLEAR MEDICINE □ Bone Scan □ Gastric Rete □ Parathyroid Scan □ Gastric Rete □ Parathyroid Scan □ Thyroid Scal □ Renal Scan w/ Lasix □ Hepatobiliary Scan w/ GBEF (PIPIDA) □ Other BREAST IMAGING (3D available) □ Screening Mammogram - Asymptomatic □ Ultrasound & additional views if needed □ Diagnostic Mammogram RT / LT □ Breast MRI w/ 3D (Lee's Summit, North, Olathe, □ Ductogram	Breast Ultrasound

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IMPORTANT INFORMATION FOR PATIENTS

EXAM PREP

Visit our website at www.dic-KC.com for details on how to prepare for your specific exam. If you have questions regarding your procedure, call us at 913-344-9989 or 816-444-9989.

The following procedures require you to prep for your exam:

Nuclear medicine, Barium enema, Small bowel or upper GI series, MRI, MRI Abdomen/Pelvis, MRI Prostate, CT, Mammogram, Ultrasound - Abdomen/Gall bladder, Ultrasound Pelvis/Obstetrical, Hysterosalpingogram

READ BEFORE SCHEDULING

- Please let our schedulers know if you have allergies to iodine, other medications, or have asthma.
- If there is a possibility that you are pregnant or are breastfeeding, please let our office know at time of scheduling.
- All exams require an order from your doctor except for Screening Mammogram and CT Coronary Calcium Scoring.

SCHEDULING

- Online scheduling is now available for most exams. Visit www.dic-KC.com or download our mobile app.
- To schedule or reschedule by phone, call 913-344-9989 or 816-444-9989.

LOCATIONS

INDEPENDENCE

4911 S Arrowhead Dr #100 Independence, MO 64055

LEE'S SUMMIT

301 NE Mulberry St #100 Lee's Summit, MO 64086

PLAZA

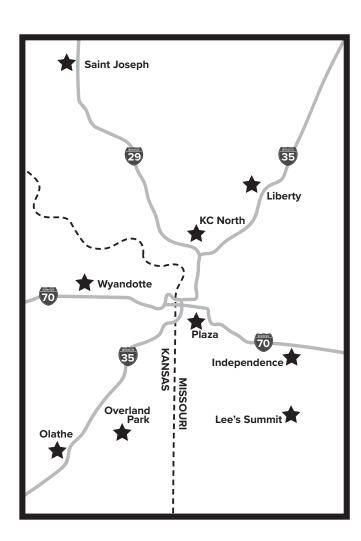
4801 Main St #200 Kansas City, MO 64112

KC NORTH

303 NE Englewood Rd Kansas City, MO 64118

LIBERTY

9151 NE 81st Ter #250 Kansas City, MO 64158



ST. JOSEPH 3937 Sherman Ave St. Joseph, MO 64506

OLATHE

13795 S Mur-Len Rd #100 Olathe, KS 66062

OVERLAND PARK

6650 W 110th St #100 Overland Park, KS 66211

WYANDOTTE COUNTY

9201 Parallel Pkwy Kansas City, KS 66112

MOBILE 3D MAMMOGRAPHY

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