

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

Date:		reach our scheduling ce	illei, caii 915-544-9969 01 610-444-9969
☐ Contact Patient to Schedule ☐ Already schedule	ed by provider DIC to P	reCert (Clinical Notes requir	red) Clinical Notes attached
Patient Name: ☐ Non-English speaking Language: Mobile Phone: Alt Phone:		Provider Phone: Provider Fax:	
-mail: Insurance:			
Member ID: Group #: PreCert #: Appropriate Use Criteria: HCPCS/AUC Modifier:	CDCM/C C	*Provider Signature:	
*Diagnosis/Symptoms: ☐ Hold patient and call report to:	Dhono	Λ.	fter hours phone:
CONTRAST: ☐ Yes ☐ No ☐ Radiologist discretion			
MRI	СТ		ULTRASOUND
□ MR Head □ MR Orbits □ MR IACs □ MR Pituitary □ MR Soft Tissue Neck □ MR Cervical Spine □ MR Thoracic Spine □ MR Lumbar Spine □ MR Sacrum □ MR Abdomen □ MR Pelvis □ MR Enterography □ MR Hip RT / LT □ MR Knee RT / LT □ MR Shoulder RT / LT □ MR Shoulder RT / LT □ MR Shoulder RT / LT □ MR Elbow RT / LT □ MR Elbow RT / LT □ MR Elbow RT / LT □ MR Extremity RT / LT □ MR Prostate (Independence, North, Olathe, OP) *PSA required MR Prostate Fusion (Independence, North, Olathe, OP) *PSA required MR Prostate Fusion (Independence, North, Olathe, OP) *PSA required PSA requ	□ CT Head □ CT Orbits □ CT Facial Bones □ CT Temporal Bones □ CT Sinus □ CT Sinus LandmarX Stu □ CT Dental Implant: Mai □ CT Dental Implant: Mai □ CT Soft Tissue Neck □ CT Cervical Spine □ CT Thoracic Spine □ CT Lumbar Spine □ CT Chest □ CT Chest □ CT Chest Low Dose Lui □ CT Abdomen □ CT Pelvis □ CT Stone Study □ CT Urography with 3D □ CT Extremity □ CT Other □ CT CARDIAC □ Coronary Calcium Scor	ndible killa terstitial Lung Disease ng Screening	□ Breast Ultrasound RT / LT □ OB Ultrasound, TV if needed □ Biophysical Profile □ □ OB ultrasound if needed □ Hysterosonogram - Endometrial Evaluation □ Pelvic ultrasound if needed □ Abdomen Ultrasound □ Pelvic Ultrasound □ Renal Ultrasound □ Renal Ultrasound □ Renal Ultrasound □ Renal Ultrasound □ Thyroid Ultrasound □ Carotid Ultrasound □ Arterial Doppler RT / LT □ Venous Doppler RT / LT □ Ultrasound Extremity Ultrasound Other GENERAL RADIOLOGY □ Orbits □ Sinus, 1 view (waters) □ Abdomen/KUB □ Pelvis □ Chest
MR ANGIOGRAPHY MRA Head MRA Neck MRA Aorta MRA Renal MRA Mesenteric MRA Lower Extermity MRA Other MRI ARTHROGRAPHY Shoulder RT / LT Hip RT / LT Specify joint RT / LT ARTHROGRAPHY (NON - MRI) Shoulder arthrogram RT / LT Arthrogram Other RT / LT Bone Density	□ 3-Phase Bone Scan □ Parathyroid Scan □ Thyroid Uptake and Sc □ Renal Scan w/ Lasix □ Hepatobiliary Scan w/ □ Other □ BREAST IMAGING (3D a	Bone SPECT Gastric Retention Renal Scan Thyroid Scan GBEF (PIPIDA) Available) m - Asymptomatic ditional views if needed Im RT / LT Edded RT / LT Summit, North, Olathe, OP)	Ribs RT / LT Soft Tissue Neck Cervical Spine Thoracic Spine Thoracic Spine Lumbar Spine Hip RT / LT Extremity RT / LT Extremity RT / LT Esophagus/Barium Swallow Upper Gl Small Bowel Series Barium Enema - with air Barium Enema - without air Hysterosalpingogram - Tubal Patency IVP Voiding Cystourethrogram - VCUG Other WRI AND CT TABLE WEIGHT LIMITS MRI Table Weight Limits: High Field 1.5 T Wide-Bore MRI/500lbs Overland Park High Field 1.5 T Wide-Bore MRI/500lbs Overland Park High Field 1.5 T MRI/350lbs Independence, Lee's Summit, Liberty, St. Joseph High Field 1.2 T OPEN MRI/660lbs Overland Park, Indep. Open MRI/400lbs Plaza Open MRI/500lbs Wyandotte County CT Scan Table Weight Limits: Table Limit: 500lbs Iberty, North, Olathe, Overland Park Table Limit: 450lbs Independence, Lee's Summit, Plaza Table Limit: 450lbs Independence, Lee's Summit, Plaza Table Limit: 450lbs St. Joseph, Wyandotte County

Form# CL006 Revised: 6/14/2021

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 annual screening mammogram.

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

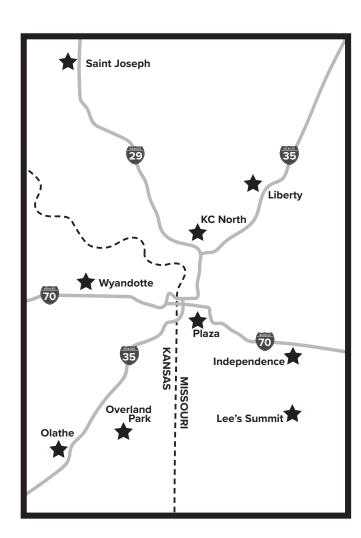
4801 Main St #200 Kansas City, MO 64112

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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