

NECK IMAGING REQUISITION

Patient Name: _____ Date of Birth: _____

Patient Phone (Day): _____ (Eve): _____ (Cell): _____

Physician: _____ Phone: _____ Fax: _____

Physician Signature: _____

Clinical Information/Diagnosis: _____

EXAM REQUESTED

- Diagnostic Thyroid Ultrasound
- Ultrasound Guided Fine Needle Aspiration for **Routine Cytology** of:
- _____ cm Right Thyroid Lobe Nodule
 - _____ cm Left Thyroid Lobe Nodule
 - _____ cm Thyroid Isthmus Nodule
 - Additional Thyroid Nodules (Please Specify Location and Size) _____
- _____
- Other _____ cm _____
- _____
- Ultrasound Guided Fine Needle Aspiration with **Afirma FNA Analysis** of:
- _____ cm Right Thyroid Lobe Nodule
 - _____ cm Left Thyroid Lobe Nodule
 - _____ cm Thyroid Isthmus Nodule
 - Additional Thyroid Nodules (Please Specify Location and Size) _____
- _____
- Other _____ cm _____
- _____

IMAGING CENTER:
Phone 214/345-6905

SCHEDULING:
Phone 214/345-4331
Fax 214/345-6230

Attachments (Please Include with Imaging Requisition):

- History and Physical Less than 30 Days Old
- Outside Radiology/Pathology Reports
- Current Physician's Office Note to Justify Procedure with Insurance
- Insurance Information/Card Copy
- Other _____

Insurance Carrier: _____ Phone: _____

ID #: _____ Group #: _____

Policy Type: HMO PPO POS Indemnity Medicaid GBHC
 Medicare Worker's Comp Dental Other: _____
 Please provide a copy of the front and back of the insurance card.

Form Completed by: _____

Today's Date: _____ Phone: _____ Fax: _____