

One Medical Center Drive
Biddeford, ME 04005-0626

13 Industrial Park Road
Saco, ME 04072

9 Healthcare Drive, Suite 106
Biddeford, ME 04005

4 Shape Drive, Suite 1
Kennebunk, ME 04043

Scheduling Phone: (207) 283-7171
PHYSICIAN ORDER FORM
DEPARTMENT OF RADIOLOGY

Patient's Name

Exam Date

Reason for Exam

Signature of Ordering Physician

DIAGNOSTIC RADIOLOGY

- | | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> CHEST, PA & LAT (CXR) <input type="checkbox"/> ABDOMEN (KUB) <input type="checkbox"/> 2 VIEW ABD, NO CHEST (ABD2) <input type="checkbox"/> ABD SERIES, WITH PA CXR (ABDXY) <input type="checkbox"/> BARIUM ENEMA & AIR CONTRAST (BEAIR) <input type="checkbox"/> BARIUM SWALLOW-ESOPHAGUS (BS) <input type="checkbox"/> BARIUM SWALLOW & UPPER GI (BSGI) <input type="checkbox"/> BA. SWALLOW & GI W/SBFT (BSGISB) <input type="checkbox"/> MODIFIED BARIUM SWALLOW (MODBS) <input type="checkbox"/> SMALL BOWEL FOLLOW-THRU (SBFT) <input type="checkbox"/> UPPER GI SERIES (UGI) <input type="checkbox"/> UPPER GI & SBFT (UGISB) <input type="checkbox"/> IVP (IVPTO) <input type="checkbox"/> PRE -MRI ORBITS (ORBMRI) <input type="checkbox"/> NASAL BONES (NASAL) <input type="checkbox"/> FACIAL (FACL) <input type="checkbox"/> SOFT TISSUE NECK (NECKST) <input type="checkbox"/> METASTATIC SERIES (METCOM) <input type="checkbox"/> MYELOMA SERIES (MYELOMA) <input type="checkbox"/> PELVIS (PELV) <input type="checkbox"/> POSTURAL STUDY, 3 VIEWS (POST) <input type="checkbox"/> POSTURAL STUDY, 2 VIEWS (POSTURAL2) <input type="checkbox"/> RIB, BILATERAL W/PA CHEST (RIBB) <input type="checkbox"/> BILAT. RIBS, NO CHEST (RIBINC) <input type="checkbox"/> RIBS UNI, NO CHEST, LEFT (RIBNCLT) <input type="checkbox"/> RIBS UNI, NO CHEST, RIGHT (RIBNCRT) <input type="checkbox"/> AP SACRUM, AP COCCYX, LAT (SACCO) <input type="checkbox"/> SCOLIOSIS, PA & LAT (SCOLICOMP) <input type="checkbox"/> **SCOLIOSIS, PA ONLY** (SCOLIO) <input type="checkbox"/> SINUSES, WATERS AND/OR LAT (SINUSL) <input type="checkbox"/> SINUSES, PA, WATERS, SMV, LAT (SINUS) <input type="checkbox"/> SKULL (SKULL) <input type="checkbox"/> STERNUM (STERN) | <ul style="list-style-type: none"> <input type="checkbox"/> ANKLE, LEFT (ANKLELT) <input type="checkbox"/> ANKLE, RIGHT (ANKLERT) <input type="checkbox"/> BONE AGE (BOAGE) <input type="checkbox"/> CLAVICLE, LEFT (CLAVLT) <input type="checkbox"/> CLAVICLE, RIGHT (CLAVRT) <input type="checkbox"/> ELBOW, LEFT (ELBOW2LT) <input type="checkbox"/> ELBOW, RIGHT (ELBOW2RT) <input type="checkbox"/> FEMUR, LEFT (FEMURLT) <input type="checkbox"/> FEMUR, RIGHT (FEMURRT) <input type="checkbox"/> THUMB, LEFT (FING1LT) <input type="checkbox"/> THUMB, RIGHT (FING1RT) <input type="checkbox"/> INDEX, LEFT (FING2LT) <input type="checkbox"/> INDEX, RIGHT (FING2RT) <input type="checkbox"/> MIDDLE FINGER, LEFT (FING3LT) <input type="checkbox"/> MIDDLE FINGER, RIGHT (FING3RT) <input type="checkbox"/> RING FINGER, LEFT (FING4LT) <input type="checkbox"/> RING FINGER, RIGHT (FING4RT) <input type="checkbox"/> 5TH FINGER, LEFT (FING5LT) <input type="checkbox"/> 5TH FINGER, RIGHT (FINGTRT) <input type="checkbox"/> FOOT, LEFT (FOOTLT) <input type="checkbox"/> FOOT, RIGHT (FOOTRT) <input type="checkbox"/> FOREARM, LEFT (FOREARMLT) <input type="checkbox"/> FOREARM, RIGHT (FOREARMRT) <input type="checkbox"/> HAND, LEFT (HANDLT) <input type="checkbox"/> HAND, RIGHT (HANDRT) <input type="checkbox"/> HEEL, LEFT (HEELLT) <input type="checkbox"/> HEEL, RIGHT (HEELRT) <input type="checkbox"/> HIP, LEFT (HIPLT) <input type="checkbox"/> HIP, RIGHT (HIPRT) <input type="checkbox"/> BILAT HIPS W/PELVIS (HIPS) <input type="checkbox"/> HUMERUS, LEFT (HUMERUSLT) <input type="checkbox"/> HUMERUS, RIGHT (HUMERUSRT) <input type="checkbox"/> KNEE, LEFT (KNEE2LT) <input type="checkbox"/> KNEE, RIGHT (KNEE2RT) | <ul style="list-style-type: none"> <input type="checkbox"/> KNEE W/SUNRISE, LEFT (KNEE3LT) <input type="checkbox"/> KNEE W/SUNRISE, RIGHT (KNEE3RT) <input type="checkbox"/> TIB/FIB, LEFT (LEGLT) <input type="checkbox"/> TIB/FIB, RIGHT (LEGRRT) <input type="checkbox"/> SCAPULA, LEFT (SCAPULALT) <input type="checkbox"/> SCAPULA, RIGHT (SCAPULART) <input type="checkbox"/> SHOULDER, LEFT (SHOULDERLT) <input type="checkbox"/> SHOULDER, RIGHT (SHOULDERRT) <input type="checkbox"/> SI JOINTS (SIJTS) <input type="checkbox"/> TOE, 1ST, LEFT (TOE1LT) <input type="checkbox"/> TOE, 1ST, RIGHT (TOE1RT) <input type="checkbox"/> TOE, 2ND, LEFT (TOE2LT) <input type="checkbox"/> TOE, 2ND, RIGHT (TOE2RT) <input type="checkbox"/> TOE, 3RD, LEFT (TOE3LT) <input type="checkbox"/> TOE, 3RD, RIGHT (TOE3RT) <input type="checkbox"/> TOE, 4TH, LEFT (TOE4LT) <input type="checkbox"/> TOE, 4TH, RIGHT (TOE4RT) <input type="checkbox"/> TOE, 5TH, LEFT (TOE5LT) <input type="checkbox"/> TOE, 5TH, RIGHT (TOE5RT) <input type="checkbox"/> WRIST W/NAVIC, LEFT (WRISNAVLT) <input type="checkbox"/> WRIST W/NAVIC, RIGHT (WRISNAVRT) <input type="checkbox"/> WRIST, LEFT (WRISTLT) <input type="checkbox"/> WRIST, RIGHT (WRISTRRT) <input type="checkbox"/> CERVICAL SPINE W/OBLIQUES (CEROB) <input type="checkbox"/> CERVICAL SPINE, AP & LAT (CERV) <input type="checkbox"/> LS SPINE AP,OBL, LAT, SPOT LAT (LSOBL) <input type="checkbox"/> LS SPINE AP & LAT (LSSPI) <input type="checkbox"/> THORACIC SPINE (TSPIN) |
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**DEAR PATIENT: PLEASE ARRIVE
15 MINUTES PRIOR TO YOUR
APPOINTMENT TO REGISTER.**