

## **Radiology Request Form**

To be completed by the referring Doctor				
Doctor's Name:	Doctor's phone number:			
	e: Male Female Pregnant Y N			
To be completed by the radiology receptionist				
Patient's Name:	Mr. Mrs. Miss.			
	Patient received by:			
Mobile Number:				
Examination(s) Required (all available examinations are listed on the back)	Available Imaging Modalities			
	MRI			
	CT Scan (+3D)			
	X-Ray			
	Fluoroscopy			
	Mammography			
	O Densitometry			
	Ultrasound & Doppler			
	Echocardiography			
	<b>PET/CT Scan</b>			
Clinical Information / Provisional Diagnosis				
Date:	Report not required			
Doctor's Signature:	*Less waiting time for the patient *Patient keeps his/her right to request a report free of charge			

هەولىز، شەقامى ٦٠ مەترى گەرەكى مامۆستايان | Mamostayan Qr, 60 Meter Street, Erbil | أربيل، شارع ٦٠ متر، حي المعلمين ( ال سولىز، شەقامى ٦٠ مەترى گەرەكى مامۆستايان | Mamostayan Qr, 60 Meter Street, Erbil | أربيل، شارع ٦٠ متر، حي ا

Radiology Modalities & Examinations				
ULTRASOUND	MRI	CT-SCAN (+3D)	X-RAY	FLUOROSCOPY
HEAD & NECK	HEAD & NECK	HEAD & NECK	HEAD & NECK	SPINE MYELOGRAM
Head	Brain	Skull	Skull	O Myelogram Cervical
O Middle Cerebral Doppler	MRA Brain	Brain	Orbit	Myelogram Thoracic
ONeck (Thyroid)	MRV Brain	O Paranasal Sinuses	🔵 Facial Bone	Myelogram Lumbar
OBoth Carotids Doppler	O Paranasal Sinuses	Orbit	◯ S.M.V.	BARIUM EXAMINATIONS
BREAST	◯ I.A.M	Face	🔘 Nasal Bone	â
(L) (R) (B) Breast	O Parotid Glands	Mastoids	O Paranasal Sinuses	Ba. Swallow
() (R) (B) Breast & Axilla	Pituitary	O Temporal Bone	O Post Nasal Space	Ba. Swallow (Gastrograph)
() (R) (B) Breast Core Biopsy	<u> </u>	Neck	Mastoid	Ba. Meal
Breast Lesion localization		SPINE	O Mandible	Ba. Follow Through
FNA Breast	Mastoids	Cervical	◯ T.M. Joint	🔵 Ba. Enema
<b>S</b>	Brachial Plexus	Thoracic	SPINE	PELVIS
ABDOMEN	ě	Cumbar	O Neck Soft Tissue	○ Colostogram
All Abdomen	T.M. Joint	◯ Whole Spine	Cervical	Cystogram
Upper Abdomen	() Neck	○ Myelogram	Thoracic	() HSG
Umbilical Artery Doppler	() MRA Neck	CHEST	O Lumbar	() MCUG
⊖ K.U.B.	SPINE	Chest	Ососсух	
Renal Doppler	Cervical	HRCT	CHEST	0
Hep. Port. Vein Doppler	Thoracic	0	Chest	EXTREMITIES VENOGRAM
Abscess Drainage Abd.	O Lumbar	ABDOMEN	Apical Lordotic View	Venogram Upper Limbs
Ascetic Drain Placement	Whole Spine	Abdomen	Sternum	○ Venogram Lower Limbs
PELVIS	0	○ К.U.В.	Ribs (Oblique)	OTHERS
Pelvis	CHEST	Urogram	0	
(L) (R) (B) Hip Joint	⊖ Chest	O Pneumocolon	ABDOMEN	CLoopogram
◯ Trans Rectal	(L) (R) (B) Breast	PELVIS	() К.U.В.	Urethrogram
O Testis Doppler	ABDOMEN	O Pelvis	PELVIS	Fistulogram - Sinogram
O Trans Vaginal		Sacroiliac Joints	O Pelvis	Nephrostogram
Fetal	Abdomen	🜔 R B Hip Joint	Sacroiliac Joints	T-Tube
OUterine Artery Doppler	Pancreas	UPPER EXTREMITY	Hip	U 1-Tube
UPPER EXTREMITY		() (R) (B) Shoulder	UPPER EXTREMITY	MAMMOGRAPHY
() (R) (B) Limb Doppler	Kidney	R B   Humerus	() (R) (B) Shoulder	
() (R) (B) Limb A&V Doppler	0	(L) (R) (B) Elbow	() (R) (B) A.C. Joint	🔵 Bilateral Mammogram
	PELVIS	R B Forearm	(L) (R) (B) Clavicle	(screening and diagnosis)
	O Pelvis	(L) (R) (B) Wrist	(L) (R) (B) Humerus	(L) (R) Breast
() (R) (B) Limb Doppler	◯ Sacroiliac Joints		R B	(Follow-up)
(L) (R) (B) Limb A&V Doppler	🜔   B Hip Joint	0 0 0	() (R) (B) Forearm	Localization Mammography
FINE NEEDLE ASPIRATION	○ Testis	LOWER EXTREMITY	(L) (R) (B) Scaphoid	Right 12 12 Left
🔵 FNA Neck	O Prostate	() (R) (B) Femur	(L) (R) (B) Wrist	
O FNA Thyroid	Fistula	🜔 R B Knee		
Guided Aspiration	UPPER EXTREMITY	L R B Leg	0 0 0	
OTHERS		🜔 R B Ankle	LOWER EXTREMITY	
C Echocardiography	() (R) (B) Shoulder	🜔 R B Foot	(L) (R) (B) Femur	6 6
Skin Marking	() (R) (B) Arm	CT ANGIOGRAPHY	🜔   (R) (B) Knee	
Single Organ	() (R) (B) Elbow	Cerebral Ang.	🜔   (R) (B) Patella	Other Requirements
New Marriage	() (R) (B) Forearm	Carotid Ang.	🜔 R B Tibia	
	() (R) (B) Wrist	Chest Ang.	🜔   B Fibula	CONTRAST for CT/MRI
Кеу	(L) (R) (B) Hand	Abdomen Ang.	(L) (R) (B) Ankle	
L: Left R: Right B: Both	LOWER EXTREMITY	Renal Ang.	() (R) (B) Foot	(1) (2) (3) (4) X-RAY VIEWS
	() R B Thigh	(L) (R) Upper Limb Ang.	0 0 0	
Radiographer	() (R) (B) Femur	(L) (R) Lower Limb Ang.		<b>PET/CT Scan</b>
Date:	R B   Knee		Bone Age	
		OTHERS	O Bolle Age	Now available at MDC
	Image: Construction of the second	Biopsy		Discourse
Signature:	() (R) (B) Foot	○ Scanogram		Please contact us for more information and appointments!
				information and appointments:

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