Please fax completed order to 865-541-8289

Radiology Outpatient Orders

Patient's Last Name First Name Initial DOB

Primary Insurance: ______________________________

Pre-Authorization #: ______________________ (If required and not provided, exam may be delayed or rescheduled)

- ☐ ABDOMEN-AP & LAT
- ☐ ABDOMEN-FLAT AND UPRIGHT
- ☐ ABDOMEN-(KUB)
- ☐ ANKLE-RIGHT
- ☐ ANKLE-LEFT
- ☐ BABYGRAM-AP
- ☐ BABYGRAM-AP & LAT
- ☐ BONE AGE BELOW 1 YEAR
- ☐ BONE AGE OVER 1 YEAR
- ☐ CHEST-PA
- ☐ CHEST-PA & LAT
- ☐ CLAVICLE-RIGHT
- ☐ CLAVICLE-LEFT
- ☐ COCCYX
- ☐ ELBOW-RIGHT
- ☐ ELBOW-LEFT
- ☐ FACIAL BONES
- ☐ FEMUR-RIGHT
- ☐ FEMUR-LEFT
- ☐ FINGER-RIGHT
- ☐ FINGER-LEFT
- ☐ FOOT-RIGHT
- ☐ FOOT-LEFT
- ☐ FOREARM-RIGHT
- ☐ FOREARM-LEFT
- ☐ HAND-RIGHT
- ☐ HAND-LEFT
- ☐ HUMERUS-RIGHT
- ☐ HUMERUS-LEFT
- ☐ KNEE-RIGHT
- ☐ KNEE-LEFT
- ☐ LEG LOWER TIB-FIB-RIGHT
- ☐ LEG LOWER TIB-FIB-LEFT
- ☐ NASAL BONE
- ☐ NECK SOFT TISSUE-AP & LAT
- ☐ NECK SOFT TISSUE- LAT ONLY
- ☐ RIBS 1 SIDE - RIGHT
- ☐ RIBS 1 SIDE-LEFT
- ☐ RIBS BILATERAL
- ☐ OS CALCIS-RIGHT
- ☐ OS CALCIS-LEFT
- ☐ PATELLA/SUNRISE 1 VIEW-RIGHT
- ☐ PATELLA/SUNRISE 1 VIEW-LEFT
- ☐ PELVIS-AP
- ☐ PELVIS BILATERAL-(AP & FROG LEG)
- ☐ SACROILIAC JOINTS
- ☐ SACRUM
- ☐ SCAPULA-RIGHT
- ☐ SCAPULA-LEFT
- ☐ SHOULDER-RIGHT
- ☐ SHOULDER-LEFT
- ☐ SKULL COMPLETE-(NON-TRAUMA)
- ☐ SINUS SERIES - (AP, LAT, & WATERS)
- ☐ SINUS-(WATERS ONLY)
- ☐ SPINE CERVICAL 3 VIEW
- ☐ SPINE CERVICAL 5 VIEW
- ☐ SPINE CERVICAL 7 VIEW
- ☐ SPINE THORACIC
- ☐ SPINE LUMBAR 3 VIEW
- ☐ SPINE LUMBAR 5 VIEW
- ☐ SPINE LUMBAR 7 VIEW
- ☐ STERNOCLAVICULAR JOINTS
- ☐ STERNUM-AP & LAT
- ☐ TOES-RIGHT
- ☐ TOES-LEFT
- ☐ WRIST-RIGHT
- ☐ WRIST-LEFT

NOTE: If you have any questions or are undecided as to which location the testing should be completed, please call Emory Center at **865-343-6983**.

Diagnosis (please write out) & **ICD.10 CODE**:

____

____

____

Ordering Provider (Print) **Signature** **Date**

☐ **Downtown**
Medical Office
Building, Suite 130
2100 Clinch Avenue
Knoxville, TN 37916
Ph: (865) 541-8912

☐ **North Knoxville**
Emory Center
207 E. Emory Road
Powell, TN 37849
Ph: (865) 343-6983

☐ **Sevierville**
Sevier Outpatient Center
502 Winfield Dunn Pkwy
Sevierville, TN 37876
Ph: (865) 280-6526

☐ **West Knoxville**
Rehabilitation Center
1025 Children's Way
Knoxville, TN 37922
Ph: (865) 690-8961

☐ **Blount Outpatient Center**
Rehabilitation Center
352 Fountain View Circle
Alcoa, TN 37701
Ph: (865) 518-0995

Form No. 32891 (03/2024)