

THIS DOCUMENT REQUIRED AT TIME OF SERVICE

LRA LUMBERTON
RADIOLOGICAL
ASSOCIATES, P.A.
209 W. 27th Street, Lumberton, NC 28358
(Map on Back)

REQUEST FOR SERVICE
Office Hours: Monday – Friday
8:00 a.m. – 5:30 p.m.

Date _____
Telephone – (910) 738 - 8222
Schedule – (910) 671 - 4000
Fax – (910) 671 - 4738

PATIENT _____ REFERRING PHYSICIAN _____

DIAGNOSIS AND PERTINENT INFORMATION _____

FIRST EVALUATION _____ FOLLOW-UP _____

CALL REPORT: YES ___ NO ___ APPT: DAY _____ DATE _____ TIME _____

EXAMS REQUESTED

PLEASE NOTIFY LRA IF PATIENT IS DIABETIC OR PREGNANT AT TIME OF SCHEDULING APPOINTMENT

APPOINTMENT NEEDED – CALL 671 - 4000

GENERAL DIAGNOSTIC X-RAY

- Arthrogram
- Barium Enema
- Cystogram
- Diagnostic Mammogram
- Esophagus / Barium Swallow
- Fluoroscopy _____
- Foreign Body
- Hysterosalpingogram
- IVP
- Upper GI
- Upper GI / Small Bowel
- T-Tube Cholangiogram
- Tomography _____
- VCU
- Venogram
- Other _____

ULTRASOUND

- Abdominal aorta
- Abdominal (complete)
- Breast
- Cardiac (Echocardiogram)
- Gallbladder / RUQ
- Obstetrical
- Pelvic / Transvaginal
- Renal
- Scrotum
- Thyroid
- Venous Duplex _____
- Other _____

CT

- Head
- Sinus
- Abdomen & Pelvis
- Abdomen
- Pelvis
- Chest
- Extremity _____
- Spine: Cervical Thoracic Lumbar
- Face / Orbit
- Neck (soft tissue)
- Temporal Bone

CT ARTERIOGRAM (CTA)

- Carotid Renal Pulmonary
- Aorta: Abdominal Thoracic
- Other:

PAIN MANAGEMENT

(Please use the LRA Pain Management Services request form)

NO APPOINTMENT NEEDED (AFTERNOON PREFERRED)

HEAD

- Facial Bones
- Mandible
- Mastoids
- Nasal Bones
- Orbit _____
- Sinuses
- Skull
- T-M Joints

TRUNK

- Abdomen
- Acute Abdomen
- Chest
- Hip _____
- Pelvis
- Ribs _____
- Sternum
- Sterno-Clavicular Joint

UPPER EXTREMITY

- A/C Joint _____
- Clavicle _____
- Elbow _____
- Fingers _____
- Forearm _____
- Hand _____
- Humerus _____
- Scapula _____
- Shoulder _____
- Wrist _____

LOWER EXTREMITY

- Ankle _____
- Femur _____
- Foot _____
- Knee _____
- Os Calcis _____
- Tibia / Fibia _____
- Toes _____

SPINE

- Cervical Spine
- Lumbar Spine
- Thoraic Spine
- Sacroiliac Joints
- Sacrum / Coccyx
- Scoliosis Study

WELLNESS IMAGING CENTER
105 West 27th Street

Screening Mammography
DEXA Study
(Instructions on Back)

INTERVENTIONAL BREAST CARE
(Consultation Required)

Stereotactic Breast Biopsy
U/S Guidance Biopsy
Cyst Aspiration