



MaineHealth

PHYSICIAN ORDER FORM
DEPARTMENT OF RADIOLOGY

Patient's Name

Exam Date

Signature of Ordering Physician

Test to be given at (Circle one):

One Medical Center Drive
Biddeford, ME 04005

9 Healthcare Drive, Suite 205
Biddeford, ME 04005

13 Industrial Park Road
Saco, ME 04072

4 Shape Drive, Suite 1
Kennebunk, ME 04043

DIAGNOSTIC RADIOLOGY

- CHEST, PA & LAT (CXR)
ABDOMEN (KUB)
2 VIEW ABD, NO CHEST (ABD2)
ABD SERIES, WITH PA CXR (ABDXY)
BARIUM ENEMA & AIR CONTRAST (BEAIR)
BARIUM SWALLOW-ESOPHAGUS (BS)
BARIUM SWALLOW & UPPER GI (BSGI)
BA. SWALLOW & GI W/SBFT (BSGISB)
MODIFIED BARIUM SWALLOW (MODBS)
SMALL BOWEL FOLLOW-THRU (SBFT)
UPPER GI SERIES (UGI)
UPPER GI & SBFT (UGISB)
IVP (IVPTO)
PRE -MRI ORBITS (ORBMRI)
NASAL BONES (NASAL)
FACIAL (FACL)
SOFT TISSUE NECK (NECKST)
METASTATIC SERIES (METCOM)
MYELOMA SERIES (MYELOMA)
PELVIS (PELV)
POSTURAL STUDY, 3 VIEWS (POST)
POSTURAL STUDY, 2 VIEWS (POSTURAL2)
RIB, BILATERAL W/PA CHEST (RIBB)
BILAT. RIBS, NO CHEST (RIBINC)
RIBS UNI, W/PA CHEST, LEFT (RIBSUNILT)
RIBS UNI, W/PA CHEST RIGHT (RIBSUNIRT)
AP SACRUM, AP COCCYX, LAT (SACCO)
SCOLIOSIS, PA & LAT (SCOLICOMP)
SCOLIOSIS, PA ONLY (SCOLIO)
SINUSES, WATERS AND/OR LAT (SINUSL)
SINUSES, PA, WATERS, SMV, LAT (SINUS)
SKULL (SKULL)
STERNUM (STERN)

- ANKLE, LEFT (ANKLELT)
ANKLE, RIGHT (ANKLERT)
BONE AGE (BOAGE)
CLAVICLE, LEFT (CLAVLT)
CLAVICLE, RIGHT (CLAVRT)
ELBOW, LEFT (ELBOW2LT)
ELBOW, RIGHT (ELBOW2RT)
FEMUR, LEFT (FEMURLT)
FEMUR, RIGHT (FEMURRT)
THUMB, LEFT (FING1LT)
THUMB, RIGHT (FING1RT)
INDEX, LEFT (FING2LT)
INDEX, RIGHT (FING2RT)
MIDDLE FINGER, LEFT (FING3LT)
MIDDLE FINGER, RIGHT (FING3RT)
RING FINGER, LEFT (FING4LT)
RING FINGER, RIGHT (FING4RT)
5TH FINGER, LEFT (FING5LT)
5TH FINGER, RIGHT (FINGTRT)
FOOT, LEFT (FOOTLT)
FOOT, RIGHT (FOOTRT)
FOREARM, LEFT (FOREARMLT)
FOREARM, RIGHT (FOREARMRT)
HAND, LEFT (HANDLT)
HAND, RIGHT (HANDRT)
HEEL, LEFT (HEELLT)
HEEL, RIGHT (HEELRT)
HIP, LEFT (HIPLT)
HIP, RIGHT (HIPRT)
BILAT HIPS W/PELVIS (HIPS)
HUMERUS, LEFT (HUMERUSLT)
HUMERUS, RIGHT (HUMERUSRT)
KNEE, LEFT (KNEE2LT)
KNEE, RIGHT (KNEE2RT)

- KNEE W/SUNRISE, LEFT (KNEE3LT)
KNEE W/SUNRISE, RIGHT (KNEE3RT)
TIB/FIB, LEFT (LEGLT)
TIB/FIB, RIGHT (LEGRRT)
SCAPULA, LEFT (SCAPULALT)
SCAPULA, RIGHT (SCAPULART)
SHOULDER, LEFT (SHOULDERLT)
SHOULDER, RIGHT (SHOULDERRT)
SI JOINTS (SIJTS)
TOE, 1ST, LEFT (TOE1LT)
TOE, 1ST, RIGHT (TOE1RT)
TOE, 2ND, LEFT (TOE2LT)
TOE, 2ND, RIGHT (TOE2RT)
TOE, 3RD, LEFT (TOE3LT)
TOE, 3RD, RIGHT (TOE3RT)
TOE, 4TH, LEFT (TOE4LT)
TOE, 4TH, RIGHT (TOE4RT)
TOE, 5TH, LEFT (TOE5LT)
TOE, 5TH, RIGHT (TOE5RT)
WRIST W/NAVIC, LEFT (WRISNAVL)
WRIST W/NAVIC, RIGHT (WRISNAVRT)
WRIST, LEFT (WRISTLT)
WRIST, RIGHT (WRISTR)
CERVICAL SPINE W/OBLIQUES (CEROB)
CERVICAL SPINE, AP & LAT (CERV)
LS SPINE AP,OBL, LAT, SPOT LAT (LSOBL)
LS SPINE AP & LAT (LSSPI)
THORACIC SPINE (TSPIN)

DEAR PATIENT: PLEASE ARRIVE
15 MINUTES PRIOR TO YOUR
APPOINTMENT TO REGISTER.