1. CHOOSE EXAM TYPE

- **CT:**
  - [ ] With Contrast
  - [ ] W/O
  - [ ] Contrast at Radiologist Discretion
  - [ ] 3D Reformats

- **MRI:**
  - [ ] With Contrast
  - [ ] W/O
  - [ ] Contrast at Radiologist Discretion

- **Ultrasound:**
  - [ ] LE Arterial Study
  - [ ] LE Venous Study
  - [ ] MSK
  - [ ] Other: ____________________

- **Ultrasound Procedures:**
  - [ ] Tarsal Tunnel Block
  - [ ] Sinus Tarsi Injection
  - [ ] Plantar Fascia Steroid Injection
  - [ ] Intermetatarsal Bursal Steroid Injection
  - [ ] Neuroma Alcohol Sclerosing Injection

- **X-Ray:**
  - [ ] Toes
  - [ ] Foot
  - [ ] Ankle
  - [ ] Calcaneus
  - [ ] Tibia/Fibula
  - [ ] Other (Mark Below)

- **Fluoroscopy Injections:**
  - [ ] Joint Injection
  - [ ] MRI Arthrogram
  - [ ] Specify Joint: ____________________
  - [ ] Marcaline
  - [ ] Steroid

2. DRAW/SELECT AREAS OF INTEREST

Area of Interest:
- All Exams: [ ] Right
- [ ] Left
- [ ] Bilateral
- MRI/CT: [ ] Forefoot/Toes
- [ ] Midfoot
- [ ] Ankle/Hindfoot
  - Calf
  - Other: ____________________
- MSK US: [ ] Forefoot/Toes
- [ ] Med Ankle
- [ ] Lat Ankle
- [ ] Ant Ankle
- [ ] Achilles/Calf
- [ ] Plantar Fascia
- [ ] Soft Tissue
- [ ] Other: ____________________

3. CHOOSE REPORT TYPE/METHOD OF DELIVERY

- [ ] Routine
- [ ] Stat
- [ ] Copy Additional Provider
- [ ] Name: ____________________
- [ ] Fax: ____________________
- [ ] Phone: ____________________
- [ ] Fax: ____________________
- [ ] Phone: ____________________
- [ ] Mail CD
- [ ] Send CD with Patient

4. ORDERING PROVIDER SIGNATURE:

Please Print Name: ____________________

Date: ____________________

Phone: ____________________

06/13/2019