



Detailed Order Request Checklists for Spine and Extremities Exams

Getting ready to place an order

Knowing what information you will need for each order saves time. Our spine and extremities order request checklists can help you identify and collect the information you need to have available when entering an order request. We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit an order.

INFORMATION YOU'LL NEED FOR SPINE AND EXTREMITIES ORDER REQUESTS

For ALL spine and extremities order requests, you will need:

- ☐ Patient first and last name
- ☐ Ordering provider first and last name
- ☐ CPT code and the name of the exam you're requesting
- ☐ Diagnostic code (ICD10) or name of your patient's known or suspected diagnosis
- ☐ The name and location of the facility where treatment will be given

For MOST spine and extremities order requests, you may also need:

- ☐ Reason for imaging
- ☐ X-ray or ultrasound date and results (was diagnosis confirmed?)
- ☐ Other type of prior imaging and/or testing (not including this request)
- ☐ Dates and results of imaging and/or testing (not including this request)
- ☐ Date of the last office visit and evaluation
- ☐ Date and type of treatment
- ☐ Duration of symptoms for THIS occurrence
- ☐ Reason for contraindication to MRI
- ☐ For extremities: area and laterality (right or left)

Looking for a specific exam?

The following pages list the information that is typically required for specific spine and extremities exams and associated diagnoses. Not all information is needed for every exam, and sometimes additional information is required, however to be thoroughly prepared it is suggested to gather this information from or have access to the patient's chart prior to starting your order request.

Contents

Getting ready to place an order	2
INFORMATION YOU'LL NEED FOR SPINE AND EXTREMITIES ORDER REQUESTS	2
**This list is not all-inclusive. The majority of exam indications require the information under “Most” order requests (above)	3
CONGENITAL ANOMALY	4
PAIN	4
SCOLIOSIS	4
TRAUMA OR INJURY	4
TUMOR	4
FRACTURE	4
INFECTIOUS PROCESS	5
MULTIPLE SCLEROSIS	5
MENISCAL TEAR/TENDON RUPTURE	5
ANEURYSM, DISSECTION, ARTERIAL ENTRAPMENT, RAYNAUD’S SYNDROME	5
ROTATOR CUFF TEAR	5

**This list is not all-inclusive. The majority of exam indications require the information under “Most” order requests (above).

CONGENITAL ANOMALY

- ☐ Name of anomaly or suspected anomaly
- ☐ Reason for exam
- ☐ Prior imaging results

PAIN

- ☐ Reason for exam
- ☐ Duration of current episode of pain
- ☐ Prior imaging results
- ☐ Treatment history (modalities and duration)
- ☐ Planned future procedures

SCOLIOSIS

- ☐ Degree of spinal curvature (Cobb angle)
- ☐ Reason for exam
- ☐ Type of scoliosis
- ☐ Neurological exam findings
- ☐ Any applicable symptoms
- ☐ Prior imaging results

TRAUMA OR INJURY

- ☐ Reason for exam
- ☐ Date of inciting event
- ☐ Exam findings
- ☐ Any applicable symptoms
- ☐ Prior imaging results
- ☐ Treatment history

TUMOR

- ☐ Reason for exam
- ☐ Location of mass
- ☐ Exam findings
- ☐ Any applicable symptoms
- ☐ Prior imaging results
- ☐ Treatment history

FRACTURE

- ☐ Reason for exam
- ☐ Prior imaging results
- ☐ Treatment history

INFECTIOUS PROCESS

- ☐ Reason for exam
- ☐ Any applicable symptoms
- ☐ Prior imaging results

MULTIPLE SCLEROSIS

- ☐ Reason for exam
- ☐ Any applicable symptoms or exam findings

MENISCAL TEAR/TENDON RUPTURE

- ☐ Reason for exam
- ☐ Mechanism of injury, if applicable
- ☐ Any applicable symptoms or exam findings
- ☐ Duration of symptoms
- ☐ Treatment history (modality and duration)

ANEURYSM, DISSECTION, ARTERIAL ENTRAPMENT, RAYNAUD'S SYNDROME

- ☐ Reason for exam
- ☐ Any applicable symptoms
- ☐ Prior imaging results

ROTATOR CUFF TEAR

- ☐ Reason for exam
- ☐ Mechanism of injury, if applicable
- ☐ Any applicable symptoms or exam findings
- ☐ Duration of symptoms
- ☐ Treatment history (modality and duration)