

**PLEASE NOTE: Specify clinical indication/symptoms:  
Cannot accept "evaluate for" as the only reason for imaging.**

## Head:

- Headache:
  - Chronic
  - Migraine- with or w/o Aura
  - Tension
  - Acute- post traumatic
- Dizziness, visual change

## Neck:

- Pain: specify location and laterality
- Swelling or lump: specify location and laterality  
medial/lateral, anterior/posterior
- Difficulty swallowing

## Chest:

- Cough, Shortness of Breath
- Pain: specify location and laterality

## Abdominal/Pelvic/Flank:

- Pain: specify location (quadrant):
  - RUQ, LUQ, RLQ, LLQ, RT, LT, Bilateral, Generalized
- Diabetes Type:
  - Complication (retinopathy, nephropathy, neuropathy)
- Kidney Disease:
  - Chronic
  - Stage: 1 2 3 4 5
  - ESRD (end stage with chronic dialysis)
  - Dialysis: Y N

## Hypertension (HTN):

- Is it related to heart disease or chronic kidney disease?

## Pregnancy:

- Reason for visit (routine, complaint)
- Pt. complication/condition i.e bleeding, small for dates, large for dates, pain, etc.
- Trimester/weeks of pregnancy

## Back Pain/Lumbar Pain:

- Specify location: (level and laterality of spine)
  - Low Back Pain RT/LT
  - Low Back with Sciatica RT/LT
  - Radiculopathy Lumbar
  - Radiculopathy Lumbosacral Region
  - Radiculopathy Leg RT/LT
  - Sciatica RT/LT, Bilateral
- Specify other known spinal disease or complication

## Venous US Lower Extremity:

- Pain, swelling, ulcer: specify location and laterality

Call scheduling at: **North Metro 763.792.1999** | **South Metro 952.893.0000**



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**PLEASE NOTE: Specify clinical indication/symptoms:  
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### Neoplasm:

- Current cancer or history of cancer
- Define: Primary, Secondary, CA in Situ, Benign, Unspecified
- Secondary Cancer:  
Define primary with secondary
- Current treatment or completed treatment:  
Type: Chemo or Rad. Therapy MM/YY

History of CA: Previously excised or eradicated and no further treatment is directed to that site and no evidence of any existing primary malignancy  
Type and year

### Injury: How? When? Symptom?

- Work Comp or Auto accident
- Pain, injury, swelling
- Specify location and laterality: Proximal/distal, medial/ lateral, anterior/posterior

### Fracture status:

- Initial visit for evaluation or encounter for active treatment of a fracture
- Subsequent treatment (follow up fracture - NO active treatment)
- Fracture location:
  - Laterality: proximal/distal, medial/lateral
  - Define type of fracture
  - Open or closed
- Pathologic FX:
  - Due to neoplasm or other chronic disease

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